Rea. Dist. No.

PLACE OF DEATH A. COUNTY A. MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution; Residence a. STATE b. COUNTY	before admission)
RURAL and give nearest town)	c. CITY OR JOWN (If outside corporate limits, write RURAL and gi	ve nearest tawn)
d. NAME OF HOSPITAL (If not in possital, either address) OR INSTITUTION (I)	Mc Therson Poad	•. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print) Personuca Cigatha	Olevender 4. DATE OF DEATH Month	2 1959
Female Office WIDOWED DIVORCED	Febry 5= 1892 Copy yrs. Months C	YEAR IF UNDER 24 HRS. Days Hours Min.
Howel Wells Home	STRY 11. BIRTHALCE (State or foreign country) 12. CITIZ	EN OF WHAT COUNTRY?
Gordon De Yougan	Frances Stafanowicz	
WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give wor or dates of service) (If yes, give wor or dates of service)	Lerard alexander	2
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		INTERVAL BETWEEN ONSET AND DEATH
416 X DUE TO Rhumst	E Heart Direare	30 tys
cause (a), stating the <u>under-lying cause last.</u> DUE TO' (c)		
PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO 2
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRE OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part 1 ar Part II of item 18.)	
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PL While Not while at work at wark	ACE OF INJURY (Hame, farm, 20f. (City ar town) (Caclery, street, office bldg., etc.)	unty) (State)
21. I certify that I attended the deceased from lift alive on 8.3/., 1957, and that death	160	ist saw the deceased date stated above.
ACTUAL Frank M Slivfly	M.D. 121 Calledul II	DATE SIGNED
PHYSICIAN'S FrankMShift-ex	annipoli my	,
Surval (Specify) Nov 5-59 St Mary	Cent Umapolis	(State)
John M. Sayler Sons Corrected	Lis MA 240. REC'D BY REGISTRAR 26. REGISTRAR'S SIGN CITILIN &.	10
	DETION TOWN (If autside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL (If pai in hospital, eight street address) OR INSTITUTION DECEASED (I'ype or print) EX. O. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) WAS DECEASED EVER IN U. S. ARMED FORCES? (A) SOCIAL SECURITY NO. 17. (b) and or working life, even if retired) WAS DECEASED EVER IN U. S. ARMED FORCES? (a) SOCIAL SECURITY NO. 17. (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT OR CONTRIBUTING OLD CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. ACCIDENT WAS UNDERLYING (C) PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21. I certify that I attended the deceased from later of work	D. EFT DOR TOWN (If outlide corporate limits, write b. EINGTH OF STAY IN 16 C. LITY OF YOUNGH to outlide corporate limits, write RURAL and git SUNAL and give moneys lown) D. EFT DOR TOWN (If outlide corporate limits, write RURAL and git SUNAL and give moneys lown) D. ETT SUNAL CORPORATE (If gas in Armytol. gife street oddress) OR INSTITUTIONS (If gife in Armytol. gife street oddress) OR INSTITUTIONS (If gife in Armytol. gife street oddress) OR INSTITUTIONS (If gife in Armytol. gife street oddress) OR INSTITUTIONS (If gife in Armytol. gife in Armytol. gife in Gif

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained to be hospital or attending physician.

TO FUNERAL DIRECT: After this certificate has been signed by the attending physician and completely filled in by the heard director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. VS A15 (4) 1SM 9/SS

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		1214	9	(ERTIFI	CA	TE OF DEAT	н		Reg. D	ist. No	120	97
1.	PLACE OF DEATH				MARYLAI	- 1	2. USUAL RESIDENCE (W	here decease	ed lived. If instituti b. COUNTY			re odmiss	ion)
	b. CITY OR TOWN (I RURAL ond give no Pasadena	f outside corporate limi earest tawn)	ts, write	c. LENGTH	OF STAY IN	1b	c. CITY OR TOWN (IF	outside carp	orate limits, write R	URAL ond	give ne	arest town)
	d. NAME OF HOSPIT OR INSTITUTION 105 Normar	AL (If not in hospitol, §	jive street	oddress)			d. STREET ADDRESS	n Rd.					FARM?
	NAME OF DECEASED (Type or print) //E	RBERT GR	ANV	ILLE	Middle BA	PN	lost	4. DATE OF DEATH	Man I No V	th	8	'	Year 1959
	sex male	6. COLOR OR RACE white	WIDOW	ED 🔲	DIVORCED	JI	DATE OF BIRTH Dec. 11, 189		9. AGE (In years last birthdoy) 60 yrs.	IF UNDE Months	R I YEAR Days	Haurs	Min.
	Machinist FATHER'S NAME	Welder		Railro		NDUSTI	Md. 14. MOTHER'S MAIDEN	NAME	country)	12. C	ITIZEN C	OF WHAT	COUNT
15. (Ye	WAS DECEASED EVEN	R IN U. S. ARMED FOR (III yes, give wer or dotes of s	CES? 16.	SOCIAL SEC			Mary Ande		nsley -	asade 105 N	lo rma	Md. In Rd	
	153.3	TH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO	GEI	VERAL	1ZED		RCINOMA				ON	MEN	DEATH
	Canditions, if or gave rise to it cause (a), stating lying couse last.	mmediate (12011	V (I) V (F	7	OF SIGMO	ID.			//	MEN	17145
CERTIFICATION							OT RELATED TO THE TERM			EN IN PA	RT 1(a) 1	9. WAS A PERFO YES	RMED?
	(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)					(Enter nature af injury in						
MEDICAL	20c. TIME OF INJUR Haur o. m. p. m.	Y Manth, Day, Yea	While at war	NJURY OCCU Not wh at work	ile	e. PLAC facto	E OF INJURY (Hame, form ry, street, office bldg., etc	n, 20f. (Cit	y or tawn)		(Caunty)		(State
	21. I certify the alive an	at I attended the	deceas				, 1959, to S ccurred at 999	~~~~~		,that I			

220. BURIAL, CREMATION, REMOVAL (Specify) Burial

0

ANKFORD

22c. NAME OF CEMETERY OR CREMATORY Loudon Park

22d. LOCATION (City, town, or caunty)

(Stote) Md

23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

240. REC'D BY REGISTRAR NOV 9 '59

24b. REGISTRAR'S SIGNATURE

TO FUNERAL DIRECTOR VS A15 (4) 15M 9/55

TO HOSPITAL OR

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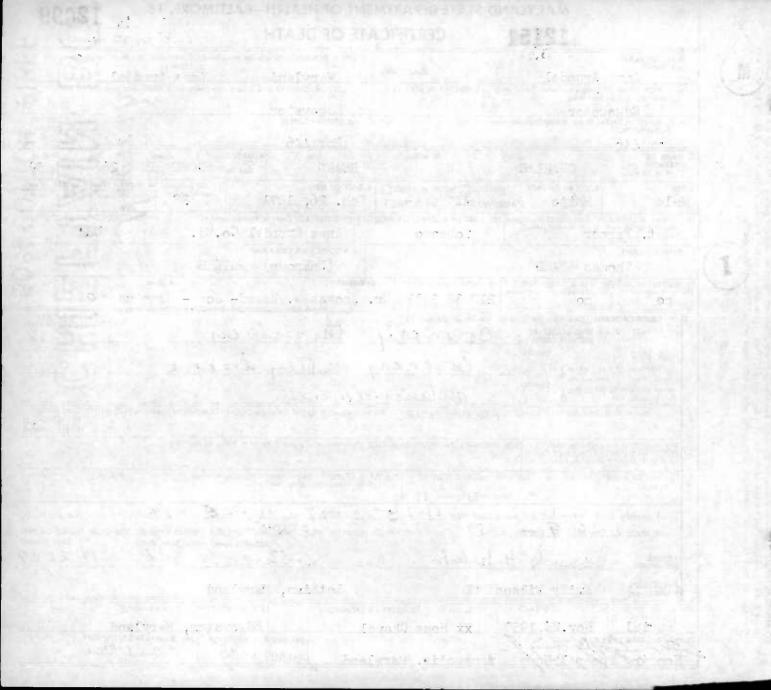
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12151 CERTIFICATE OF DEATH

Reg. Dist. No.

12099

1. PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) a. STATE b. COUNTY
Anne Arundel b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	Maryland Anne Arundel
RURAL and give nearest tawn)	
d. NAME OF HOSPITAL (If nat in haspital, give street address)	X Edgewater A. STREET ADDRESS e. IS RESIDENCE
OR INSTITUTION	ON A FARM?
Box 446 3. NAME OF First Middle	11 DOX 440
OFFICE CHARLES W	BEARD OF NOVEMBER 26 19 59
S. SEX 6. COLOR OR RACE Whate Widowed XX DIVORCED	B. DATE OF BIRTH Feb. 26, 1871 9. AGE (In years lift UNDER 1 YEAR IF UNDER 24 HRS. Manths Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) Tobacco Tobacco	DUSTRY 11. BIRTHPLACE (State or foreign country) Anne Arund el Co.Md. 12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas BEARD	(Unknown) WATERS
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	INFORMANT Address
(Yes. no. or unknown) (If yes, give wor or dates of service) 217 38 3417 M	r. Thomas W. Beard- Son - Same as # 2
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditions, if any, which gove rise to immediate couse (o), stoting the under- lying couse last. Canditions, if any, which gove rise to immediate couse (c), stoting the under- lying couse last. (c)	y artery disease
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BI 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\sum \) NO \(\sum \)
	RED. (Enter noture of injury in Part I or Port II of item 18.)
	PLACE OF INJURY (Home, form, 20f. (City or town) (Caunty) (State) factory, street, affice bldg., etc.)
21. I certify that I attended the deceased from 11-2-5 alive an 11-2-65 Then, 19-54, and that dea ACTUAL SIGNATURE THE HERE	th accurred at 2 1 MM, fram the causes and an the date stated abave. ADDRESS (Street, city or town, stote) M.D. Littlian M. 11-26-07
PHYSICIAN'S Emily Wilson MD	Lothian, Maryland
22a. BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY	OR CREMATORY 22d. LOCATION (City, tawn, ar county) (Stote)
Burial Nov. 28, 1959 Mt Hope Char	pel Edgewater, Maryland
23 FORERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Hopping Funeral Home Annapolis, Mar	Vland DATENOV 3 0'59 Culling S. Kinus



X 1 KEOR STATE	H	tems 18-21 Film 253 MARYLAND STATE DEPARTMENT OF HEALTH 2-2017 STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA 19114MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12	ARYLAND
HEALTH DEDT	_		100
HEALIN DEFT.		PLACE OF DEATH a. COUNTY a. STATE b. COUNTY b. COUNTY	dence before admission
r. Page files. Health,			Arundel
Sector. Fill		b. CITY OR TOWN (if outside corporate limits, write RURAL and g write RURAL and give neerest town) Annapolis c. CITY OR TOWN (if outside corporate limits, write RURAL and g Annapolis	iva naarast town)
	-	Annapolis d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS	. IS RESIDENCE
B + of A	18	Chartantial d Bood	ON A FARM?
ny delay funeral sained fo State Bo eath.	3	Clies certified Road	Day Yeer
an a	3.	DECEASED	ad
to the ter			.5, 1959
d 3 d 3 d 3 d 3 d 3 d 3 d 3 d 3 d 3 d 3	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YE last birthday) Months De	
E E C	1	Female White WIDOWED DIVORCED Mar 18-1893 64 yrs.	110013
and 5.2.	10:	a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11- BIRTHPLACE (State or foreign country) 12. CITIZE 12. CITIZE	N OF WHAT COUNTRY
	1	House wife Home Chaparlavoke n	J.A
24 hours 8 Pages 7 M3. Pa pages 1 within	13.	. PATHER'S NAME 14. MOTHER'S MAIDEN NAME	
A P N N N N N N N N N N N N N N N N N N		Inselle March Clares Jehonto	
E E E		. WA DECEASED EVER IN U.S. ARMED LORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	
18. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	(Ye	es, n. or unkown) Myes give war or datas of service)	
with with any	-	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
executiful in the following th	13	DART I REATH WAS CALISED BY	ONSET AND DEATH
alo alo		IMMEDIATE CAUSE (6) Skull fracture	
d is	M	900.0 XOUENE	
oulc During Nov		Conditions, if any, which \ (b) Subdural hemorrhage	
A S A S A S A S A S A S A S A S A S A S		gava rise to immediate cause (a), stating the undarlying DUE TO	
d a d		causa last. (c)	
xam xam use on,	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16	e) 19. WAS AUTOPSY PERFORMED?
De la	CATION		YES X NO
This wo	E	20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enlar nature of injury in Part I or Part II of itam 18.)	
Sho sho	CERTIFIC	PRIMARY or CONTRIBUTING CAUSE OF DEATH. Fell down steps	
EXAMINER.	SAL	20e. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County	(State)
S S S S S S S S S S S S S S S S S S S	MEDIC	Hour Yasar While Not While factory, street, office bldg., etc.)	rundel Md
in the X	×	p.m. 11/15 1959 at work at work Home Annapolis Anne An	
15 50 g			and in my opinion
ALCTIFICATION SECTION		death resulted from: Natural causes , Accident X, Suicide , Homicide , Undetermined manner	
the Canada DIRE		CHIEF MEDICAL EXAMINER	
		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER X	DATE SIGNED
. 4 2 2 3		DEPUTY MEDICAL EXAMINER	11/17/59
		NAME (Type) WIIIIAM V. LOVITT, Jr., M.D. Address (Street, city, town, or county)	
DEP ease should FUN	22	8. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country)	(Stata)
0 g 4 0 g	10	Simil 11-19-34 Hillmest Comt Compaboles	14.2
A A	23	ADDRESS 248, REC'D 8Y REGISTRARY 246, REGISTRARY SIGN	ATURE
VS. A15ME 5M 7/59		Juliu M. Jayla uno Cimapolis 1/4 DATE NOV 23'59 arthur 8. 9	Kraus
(And	1-6		

No other Designation of the Control Carl ... To Average V. sept 2s ... 19.5. THE STATE OF THE S

CERTIFICATE OF DEATH

Reg. Dist. No.

		Reg. Dist. 140.
	o. COUNTY CAMP Q'VUQQ & MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before odmission) o. STATE ALANT ALCOHOM AND
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)////////////////////////////////////	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) X GUULTIUS
)	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION SOUNDS NORS, hg Home	1 d. STREET ADDRESS ON A FARM? VES NO
	8. NAME OF DECRASED (Type or print) Blanche B. Middle	2004 P Lost A. DAYE Nonth Day 8 Year DEATH NOVEMBER 1959
	6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Haurs Min. Min.
	0a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Clunapilis ald. U.Sa.
	Edword P. Ban 115	Havia Swallwood
	S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) (If yes. give wor or dates of service) (If yes. give wor or dates of service)	Grafton BOOGE PR#2
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Thrombesis Interval Between onset and Death
	Conditions, if any, which gave rise to immediate (b) avtevio 501	'evo tic Corclis Varent plinerel -
	lying cause lost. DUE TO Hyperteus	ve Cardio Vooula House -
		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
		D. (Enter nature of injury in Part I or Part II af item 18.)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED to 19 work ot work to 19	ACE OF INJURY (Hame, farm, 20f. (City or tawn) (County) (State) ctary, street, office bldg., etc.)
	21. I certify that I attended the deceased from fully a alive an fully 1959 and that death	5, 1927, ta Mirichy (8, 1937, that I last saw the deceased accurred at 8,206. M, from the causes and an the date stated above.
	ACTUAL Felius Junilies	M.D. POPPESS (Street, city or town state) DATE SIGNED WELL-
	PHYSICIAN'S Febus Gruherg	11-18-59
	20. BURIAL, CREMATION, 226. DATE THEREOF 220 NAME OF CEMETERY O SHOWL (Specify) 11-20-59 Leday DL	of CREMATORY 22d. LOCATION (City, lown, or county) (State)
	John M. Jaylu Cins Corrapo	DATE NOV 2 3 '59 CALLING S, KLARA
2 40		

O FUNERAL DIRECTOR After this certificate has been signed by the attending physicion and campletely filled in by the cheral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours offer death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained TO FUNERAL DIREC

1-1-16	14193	CERTITION	TIE OI DEATH		Reg. Dist. No.
PLACE OF DEATH a. COUNTY	Anne Arunde	MARYLAND	2. USUAL RESIDENCE (Who a. STATE	D. Cb. COUNTY	n: Residence before admission)
b. CITY OR TOWN RURAL and give	(If outside carporote limits, wr neorest town) Burnie, Md.	ite c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF o	utside carporate limits, write RU	RAL and give nearest town) shington 47X
OR INSTITUTION	PITAL (If not in hospital, give st Nanor Nursin		d. STREET ADDRESS -	425 Bellmont	St., N. W. IS RESIDEN
3. NAME OF DECEASED (Type or print)	First Benjamin	Middle Bowie	Last	4. DATE Month OF DEATH November	
i. sex	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 Months Days Hours M
during most of w	TION (Give kind of work done orking life, even if retired)	10b. KIND OF BUSINESS OR INDU None	Washingt	on, D. C.	U. S.
13. FATHER'S NAME	George Bowie		14. MOTHER'S MAIDEN N		
15. WAS DECEASED E (Yes, no, or unknown)	VER IN U. S. ARMED FORCES? (If yes, give war or dales of service)		ARLY BOWIE	WEST RIV	1 .
\subseteq	t. (c)	INS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	nal disease condition give	N IN PART 1(o) 19. WAS AUTO PERFORME! YES NO
200. ACCIDENT V OR CONTRIBUTION (IF EITHER, NOTIL	WAS UNDERLYING 20b. NG CAUSE OF DEATH FY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in F	Part I or Part II of item 18.)	
20c. TIME OF INJI Haur o. m	n. W		ACE OF INJURY (Home, farm ctary, street, office bldg., etc.		(County) (S
ACTUAL SIGNATURE		eased fram November 9 59 and that death M. D.	accurred at 4:45P	wember 15, 1959th M, fram the causes and ADDRESS (Street, city or town, st rollton Ave. Ba	an the date stated ab
220. BURIAL, CREMAT REMOVAL (Special Burial)	11-17-5	9 M. Au	BURN	BALTIMOI	75, Md.
23. FUNERAL DIRECTO	TACKSON F	NNEGAL HO			TRAN'S SIGNATURE

TO HOSPITAL OR ATCAIDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after may be retained by hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the Tuneral page 3 should be detached for use as the burial-transit permit. Then please remove corbantoppers. Pages 1 and 2 shauld be the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours affer death.

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VS A15 (4) 15M 9/5B

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THE RESERVE OF THE PARTY OF THE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12112 CERTIFICATE OF DEATH director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed a. COUNTY a. STATE b. COUNTY MARYLAND Anne Arundel Marvland Anne Arundel eral b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) RURAL and give nearest town) RURAL - Amnapolis Annapolis 2 days within 24 hours after the d. NAME OF HOSPITAL (If nat in haspital, give street address) d. STREET ADDRESS OR INSTITUTION by Anne Arundel Genera 1 Hospital Box-195 Rt-1. and .= NAME OF 4. DATE First Middle Last Manth filled DECEASED (Type or print) Albert Lucien BRADY DEATH Poges November IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years completely last birthday) Manths March 4. 1894 65 DIVORCED | Male White WIDOWED [yrs. papers. executed 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) death during mast af warking life, even if retired) GOVAIT PAY O Maryland puo pou offer FATHER'S NAME 14. MOTHER'S MAIDEN NAME that the death certificate be Cor physician remave hours 16. SOCIAL SECURITY NO WAS DECEASED EVER IN U. S. ARMED FÓRCES? INFORMANT Address 72 attending Hospital records please within CAUSE OF DEATH [Enter anly one cause per/line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) the DUE TO px ony mit. Canditians, if any, which has been signed gove rise to immediate per DUE TO cause (a), stating the underand lying cause last. physician. buriol-transit CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY DAOMer affending 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) certificate OR CONTRIBUTING | CAUSE OF DEATH 0 (IF EITHER, NOTIFY MEDICAL EXAMINER) motion 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) factory, street, affice bldg., etc.) 20 Haur a. m. While Nat while at wark at wark p. m for After 19.2 That I last saw the deceased 21. I certify that I attended the deceased fram that death accurred at 6:15AM, from the causes and an the date stated above. alive an ADDRESS (Street, city ar tawn, state) may be retained by TO FUNERAL DIRECT ACTUAL 6 Shaw St. poge 3 should be prior SIGNATURE PHYSICIAN'S he registror James R. Martin Annapolis. Md. NAME (Type 22a. BURIAL, GREMATION: 22b. DATE THEREOF 22d. LOCATION (City, tawn, ar caunty) 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24a. REC'D 8Y REGISTRAR

VS A1S (4)

1SM 9/SB

Day

Days

(Caunty)

Cithur & Krown

e. IS RESIDENCE

Haurs

12. CITIZEN OF WHAT COUNTRY?

U.S.

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO K

> > (State)

DATE SIGNED

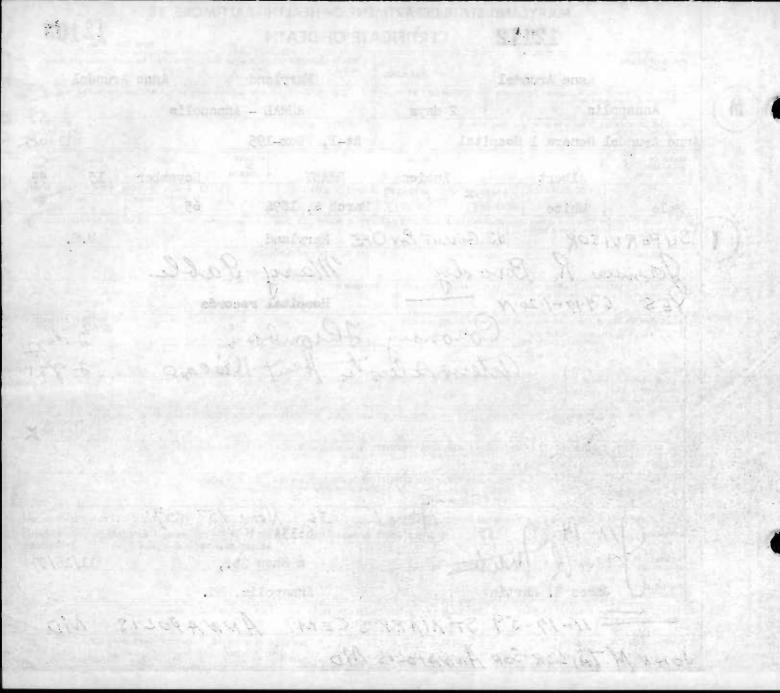
(State)

ON A FARM?

YES NO

Year

19 59



CERTIFICATE OF DEATH

12104

Reg. Dist. No.

-								weal pist.	40.
	PLACE OF DEATH	nne avvi	iael	MARYLAND	2. USUAL RESIDENC	E Where deceased li	ved, If institution b. COUNTY	ni Residence b	efore admission)
	b. CITY OR TOWN (II RURAL ond give ne	earest town) / /	al and a f.	TH OF STAY IN 16	c. CITY OR TOWN	Rulla 10	e limits, write RU	RAL and give	nearest town)
	d. NAME OF HOSPIT. OR INSTITUTION		give street oddress)	luasinglia	d. STREET ADDRE	Shaw	ST		e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	Be	4Tumi	Middle Br	OOK'S	4. DATE OF DEATH	Mon't	16	Doy 19 799
1	SEXM.	6. COLOR OR RACE	WIDOWED [DIVORCED	8. DATE OF BIRTH	1879 9.	AGE (In years lest both gy) yrs.	Months Day	AR IF UNDER 24 HRS. rs Hours Min.
100	during most of work	ON (Give kind of work ing life) even if retire	done 10b. KIND OF d)	BUSINESS OR IND	USTRY 11 BIRTHPLACE	(State or foreign cour	ntry)	12. CITIZEN	S/A/
13.	FATHER'S NAME	luker	coron	4	14. MOTHER'S MAI	DEN NAME	chr	con	M
	WAS DECEASED EVE	R IN U. S. ARMED FO		8-5855	Eleanor	antilli	ems 44	s leet	St. ann
		TH WAS CAUSED BY: IMMEDIATE CAUSE DUE To ny, which	o gen	(b). and (c).] eval enelife	Through of Onle	beris.	- mij		NTERVAL BETWEEN DNSET AND DEATH
Z	couse (o), stoting (the under-	(c)	TING TO DEATH B	UT NOT RELATED TO THE	TERMINIAL DISEASE	CONDITION CIVE	CALIAL BART 1/a	NI WAS ALITOPSY
CERTIFICATION								IN IN PART 160	PERFORMED? YES NO
	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HO	W INJURY OCCUR	RED. (Enter noture of inju	ry in Port I or Port II	of item 18.)		
MEDICAL	20c. TIME OF INJUR' Hour o. m. p. m.	Y Month, Doy, Y 19	While _ Not	CURRED 20e.	PLACE OF INJURY (Home foctory, street, office bldg	o, form, 20f. (City or 3., etc.)	town)	(Coun	iy) (Stole)
	21. I certify the alive an	at I attended the	e deceased from		th accurred at /	30/1-M, fram		nd on the	saw the deceased date stated abave. UTD MATE SIGNED
	PHYSICIAN'S NAME (Type)	Fehry	JVVUG	berg					11/16/5
220	REMOVAL (Specify)	N. 226. DATE THERE	959 N	ME OF CEMETERY	OR CREMATORY OUNTER	22d. LOCATIO	N (City town, or	will	e Stotel
23.	FUNERAL DIRECTOR'S	REESETT 1	108 West	RESS	canda DAT	REC'D BY REGISTRA	_	TRAR'S SIGNA	1 .

may be retained to VS A15 (4) 15M 9/55

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	and the state of t		HOD TON	
		7.00a	Mill	POTENSIN BING

		MAKILANU SIAIE DEPAK	IMENI OF HEALTH—BALTIMORE, 18
		12155 CERTIF	CATE OF DEATH Reg. Dist. No.
M)		PLACE OF DEATH D. COUNTY GUNE QUINDE MARYLA	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE May laud b. COUNTY Part June 10
		b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) - FUR BURNE 14201 ICM	1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Partition of System o
090		d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION PLAZA MANOA NURS, uglifu	el 1209 What coat st on A FARM? YES NO 12
	3.	NAME OF DECEASED (Type or print) Niddle TOSEPH BYU	OHS: Loss 4. DATE Month Doy Year OF DEATH NOVEMBER 15 T19 59
		6. COLOR OF RACE 7. MARRIED NEVER MARRIED DIVORCED	5-16-14 of lost bightday) Months Days Hours Min.
degin.		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABOREA NONE	DALIO. Md. U.S.
	1	RICHARD BROOKS	MARY ROBINSON
77 July 1	15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? I. no. or unknown) If yes, give wor or dates of service)	LUVENIA WILLIAMS MULBERAYS
in the second se		18. CAUSE OF DEATH [Enter only one couse per line for (b). (b). ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c).	g Thrung Loses Interval BETWEEN ONSET AND DEATH
A		Conditions, if any, which gove rise to immediate (b). HYPEV TRUE	ive Cavaio Vosu vias Viseuse
	z	lying couse last.	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY
0	ICATION		PERFORMED? YES NO
	L CERTIFI	20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED. (Enter noture of injury in Part 1 or Port II of item 18.)
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20 Hour o. m. 19 While of work of work	e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) 20f. (City or town) (County) (Stole)
		21. I certify that I attended the deceased fram. 1931 alive an 10-25 1937, and that d	eath accurred at Z: 4. M, from the causes and an the date stated above
	1	ACTUAL Feles Juliele	M.D. ADDRESS (Street, city or town, state) ADDRESS (Street, city or town, state) DATE SIGNE
TO COLUMN MOON	asto,	PHYSICIAN'S Fehral Svuuhoog	11/1/59
	220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETE	TYOR CREMATORY 22d. LOCATION (Ciantern, or county) (Stote)
	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

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2	Sad	- 2	- 37	

CERTIFICATE OF DEATH

Reg. Dist. No. 12106

			Keg. Dis	1. Ne?
1. PLACE OF DEATH o. COUNTY Anne Arundel	MARYLAND	2. USUAL RESIDENCE (Where de o. STATE Maryland	b. COUNTY Anne	e before admission) Arundel
b. CITY OR TOWN (If outside corporate limits, w RURAL and give nearest town) Annapolis	c. LENGTH OF STAY IN 16 1 day		corporate limits, write RURAL and g	ive nearest town)
d. NAME OF HOSPITAL (If not in hospital, give son institution Anne Arundel General Ho		/ d. STREET ADDRESS Rt-1, Box-6	9	o. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Mildred E	Middle Lenore	BUECHLING 4. 0	ATE Month FEATH \ \(\)	Day Year 13 1959
1 11/	MARRIED NEVER MARRIED DOWED DIVORCED	B. DATE OF BIRTH		1 YEAR IF UNDER 24 HRS Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote or far-	eign country) 12. CITI	ZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Harry A Covey		Gertrud	le West	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or doles of service)		NIORMANT Charles Buechli	ing Glen Isle	Md.
18. CAUSE OF DEATH [Enter only one couse PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO		no-pneumonia		interval between onset and death 2 days
Conditions, if ony, which gove rise to immediate couse (o), stating the <u>under-lying couse last.</u> (b)	Chronic pulmona	ry fibrosis		??
PART II. OTHER SIGNIFICANT CONDITION 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CONTRIBUTING CIFETTHER. NOTIFY MEDICAL EXAMINER)	ONS <u>CONTRIBUTING TO DEATH</u> BUT	NOT RELATED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	DESCRIBE HOW INJURY OCCURREN	D. (Enter noture of injury in Part I	or Part II of item 18.)	
Hour a.m.	Od. INJURY OCCURRED 20e. PL/ While Not while foot 1 work	ACE OF INJURY (Home, form, 20f ctory, street, office bldg., etc.)	. (City or town) (C	ounty) (State)
21. I certify that I ottended the decolive on 43 Man			from the causes and an th	
ACTUAL SIGNATURE BUYARD	f-Bold		ESS (Street, city or town, stote) Agate Oucl	DATE SIGNED
PHYSICIAN'S NAME (Type) Edward S. Beck		Unnap	olis, mel	
220. Burial, CREMATION, REMOVAL (Specify) Burial Nov 16, 1	22c. NAME OF CEMETERY O 959 Ft Lincoln		Colmar Manor, Md	(State)
23. FUNERAL DIRECTOR'S SIGNATURE . Gasch's So	ns Hyattsville	Md . DATE NOV	REGISTRAR 24b. REGISTRAR'S SIG	NATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained to the hospital or attending physician.

TO FUNERAL DIRE

R: After this certificate has been signed by the ottending physician and completely filled in by it inchested, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, at removal, and in any event within 72 hauss offer. death. VS A1S (4) 15M 9/SS



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE.

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death after

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

ATE OF DEATH

		1	6	1	U	(
Reg.	Dist.	No.				

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		CERTIFIC	
M)	1. PLACE OF DEATH o. COUNTY Anne	Arundel	MARYLAND
	L CITY OF TOWAL IS	autrida caracesta limite purita	LA LENICTU OF CTAVIALIA

USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) B. COUNTY
- CITY OR TOWN HE - ATT

PLIPAL and give peacest town?	c. LENGTH OF STAY IN 16		nits, write RURAL and give nearest town)
Laurel, Md.		Washington, D.C.	47 X - 3
d. NAME OF HOSPITAL (If not in hospital, give street	Shildren's Ce	nterreet Address	e. IS RESIDENC
District Training School,	Laurel, Md.	1233 Walter Street,	S.E. ON A FARM

3. NAME OF DECEASED	Fir		Middle		ost	4. DATE OF		Mon	th	Do	у	Year .
(Type or print)	Sh	irley		Campbel		DEATH	Nov.	5,	1959			9
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIR	тн		9. AGE (In		IF UNDER	1 YEAR	IF UNDE	R 24 HRS.
Female	Negro	WIDOWED [DIVORCED [Sept. 2		52	lost birt	hdoy) yrs.	Months	Doys	Hours	Min.
10a. USUAL OCCUPAT	TION (Give kind of work	done 10b. KIND	OF BUSINESS OR INDI	STRY 11. BIRTHE	PLACE (Stote	or foreign o	ountry)		12 CI	TIZEN O	F WHAT	COUNTRY

		-1-0	MIDOMED []	AOKCED .	sopos Eli Til	1	rrs.	
1	10a. USUAL OCCUPATION during most of working	N (Give kind of work on the life, even if retired)	lone 10b. KIND OF BUS	INESS OR INDUST	RY 11. BIRTHPLACE (Stote or fore Washington,	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW	12. CITIZEN OF WHAT C	OUNTR
	13 FATHER'S NAME				14 MOTHER'S MAIDENI NIAME			

Willi	e Campbell		Myrtle Redfear	rn Campbell	
	ER IN U. S. ARMED FORCES?		17. INFORMANT	Address	
-	ma .	-	Children's Center	Laurel. Md.	

PART I. DEATH WAS CA	USED BY: PROMOUTAT DIVETIMONTA	enset and death
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.		Fro m birth

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.)

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County)

(State) foctory, street, office bldg., etc.) o. m While Not while of work of work p. m. 21. I certify that I attended the deceased from

____that I last saw the deceased and that death occurred a 5:00 P.M. from the causes and on the date stated above. DATE SIGNED

ACTUAL SIGNATURE

NAME (Type) Jai	mes E. Boyla	nd/M.D.	Children's	Center, Laurel,	Ma. 11/0/5
22a. BURIAL, CREMATION, 2		22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (City, Jown or coun	nty) (State)

240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

APERSON NEW TO BE SHOWN OF THE STORY THE TREE STREET, WE SEE THE STREET, WITHOUT THE

12110

ON A FARM?

Year

1059

CERTIFICATE OF DEATH 12157 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) e. COUNTY b. COUNTY imore City MARYLAND Maryland Anne Arundel b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give neorest town) Baltimore Crownsville d. NAME OF HOSPITAL (If not in hospitot, give street oddress)
OR INSTITUTION d STREET ADDRESS e. IS RESIDENCE 0/0 409 Durham Street YES NO Crownsville State Hospital NAME OF DECEASED 4. DATE First Middle Lost Month OF DEATH Carter 11 (Type or print) Lewis None 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years lost birthdoy) Months Davs Hours Male Negro 56 WIDOWED [DIVORCED | Aug. 28. 1903 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Virginia Junk Hauler 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Tda Joe Carter 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Hospital Records No Unknown 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART f. DEATH WAS CAUSED BY: Pneumonia IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate DUE TO couse (o), stoting the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY Diabetes Mellitus - Gangrene both legs YES | NO

WEDICAL

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. Day, Year Hour q. m.

20d INJURY OCCURRED While Not while

20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.

20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)

20f. (City or town) (County) (Stote)

that I last saw the deceased

PERFORMED?

21. I certify that I attended the deceased fram

ACTUAL

PHYSICIAN'S

NAME (Type)

ADDRESS (Street, city or town, stote) Crownsville State Hospital. Md.

Crownsville State Hospital. Md.

22d. LOCATION (City, town, or county)

and that death occurred at 6:30P. M, from the causes and an the date stated above.

DATE SIGNED

(Stote)

11/24/59

220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) EUNERAL DIRECTOR'S SIGNATURE

ADDRESS

Hildegard Heard Reissman, M. D.

22c. NAME OF CEMETERY OR CREMATORY

24b. REGISTRAR'S SIGNATURE Cothung & Kraus.

VS A15 (4) 15M 9/55

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physician

attending

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HOSPITAL

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O HOSPITAL OR AZZENDING PHYSICIAN: The low requires that the death certificate be executed may be retained it is hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compage 3 should be detached for use as the burial-transit permit. Then please remave of bar appet the registrar prior to burial, cremation, or remaval, and in any event within 72 haurs after death.	
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TO HOSPITAL OR AZZENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after may be retained the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the run page 3 shauld be detached for use as the burial-transit permit. Then please remave of bank pages? Pages 1 and 2 should the registrar prior to burial, cremation, or remaval, and in any event within 72 haurs after death.	Es
VS A1S (4)	13
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MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
12115	CERTIFICATE	OF DEATH	

MARYLAND STATE DEPARTMENT OF HEA	ALTH—BALTIMORE, 18
12115 CERTIFICATE OF DE	ATH Reg. Dist. No.
1. PLACE OF DEATH G. COUNTY 2. USUAL RESIDENCE G. STATE C. OSTATE C. OST	CE (Where deceased lived. If institution: Residence before admission)
b CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 1b C CITY OR TOW	/N (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION OR INSTIT	S. Villaave. e. Is residence on a farm? YES NO NO
3. NAME OF DECEASED (Type or print) Bessie A. Chambers	4. DATE Month Day Yeor OF DEATH 1959
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED 3-14-	9. AGE (In years least inthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of wark dane dyring most of working) life, even if retired) ### OUT OF BUSINESS OR INDUSTRY #### AUTOMATICAL PROPERTY OF BUSINESS OR INDUSTRY ###################################	yland U.S.A.
12 FATHER'S NAME 14. MOTHER'S MAI	tha Jawis
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (Yes, no. or) unknown) (If yes, give wor or dates of service)	1. Chambers 102 & Villalia.
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Palon INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gove rise to immediate couse (a), stating the underly lying couse lost.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	ETERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury of inj	ury in Part I or Port II of item 18.)
20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 While Not while at work at work 19 at work 19 Not while at work 19 Not while 19 Not work 19 N	
21. I certify that I attended the deceased fram. 19 19 19 19 19 19 19 19 19 19 19 19 19	M, from the causes and on the date stated abave. ADDRESS (Street, city or town, state) DATE SIGNED
PHYSICIAN'S A T. A LLEN	money and
220. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 11-27-1959 RELIEVED THEREOF REMOVAL (Specify) 11-27-1959 RELIEVED THEREOF	22dT-LOCATION (City, town, or county) (Stays)
101:111:00	to REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE OTE NOV 2 3 '59 Orthor S. Frank

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		SELECTION OF THE PROPERTY OF T			
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	T.	N. J. Ho. L. S.	70 V	Y - Y - Containing	
	EX. P. Person			Secretary Secretary	
			V-3-4-6		
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12112 CERTIFICATE OF DEATH 12158 Rea. Dist. No. il director, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) a. COUNTY . O. STATE b. COUNTY Anne Arundel Co. MARYLAND Anne Arundel County MARYLAND b. CITY OR TOWN (If outside carporote limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 44 yr. 9mo. 11 Annapolis da. Crownsville. Md. d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE byth UNKNOWN Crownsville State Hospital YES NO TH puo P.C NAME OF 4. DATE Middle Month Year DECEASED OF DEATH Colbert Nov. (Type ar print) Brillia 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthday) Months Days 1881 WIDOWED | DIVORCED 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) USA Ilnknown Maryland Domestic 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Emmaly Duckett hours George Colbert WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address attending HIMKMOWN IIMKNOWN Hospital Records please within 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Acute Cardiac Failure Hypertensive and Arteriosclerotic Cardiovascular þ Conditions, if ony, which Disease gave rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year (County) (State) factory, street, office bldg., etc.) Hour o. m. Nat while at work at work 21. I certify that I attended the deceased from Feb. 17, 19.16, to Nov. 30, 19.59, that I last saw the deceased ____, and that death accurred at 8:37 AM, from the causes and an the date stated above. alive an__Nov_130 ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE å DIREC should FUNERAL I PHYSICIAN'S Crownsville, Md. Dr. Lutwig Benedict. M. D. NAME (Type) 220. BURIAL CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) (Stote) page REMOVAL (Specify) 0

VS A15 (4) 15M 9/S5 23. FUNERAL DIRECTOR'S SIGNATURE

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DATE TE

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No. of the last of	1.641.1.0				keg. Dist. No.
1. PLACE OF DEATH o. COUNTY	Anne Arundel	MARYLAND	o. STATE	ere deceased lived. If institution b. COUNTY	n: Residence before admission)
b. CITY OR TOWN RURAL ond give i	(If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	utside corporate limits, write RU	
Annan			10 Anna	polis	
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, give stree		d. STREET ADDRESS	ranville Ave	e. IS RESIDENCE ON A FARM? YES NO K
	el General Hospi				
3. NAME OF DECEASED (Type or print)	James	Middle B	COLBURN, Sr.	4. DATE Month	
5. SEX	6. COLOR OR RACE 7. MAI	RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH Oct. 9, 1888	9. AGE (In yeors lost birthdoy) 77 yrs.	Months Days Hours Min.
	ION (Give kind of work done 10b			1 + 1	12. CITIZEN OF WHAT COUNTRY
during most of wo	rking life, even if retired)		Maryla		U.S.
Ret. Pa	alnter [U]	S. Gov.	14. MOTHER'S MAIDEN N		0.0
			14. MOTHER 3 MAIDER IN	IOME	
	Colburn		Mary J	ane Riggel	
	ER IN U. S. ARMED FORCES? 16 (If yes, give wor or dates of service)	S. SOCIAL SECURITY NO.	INFORMANT	Addre	188
no		none Mr	s Esther Hall	Colburn- Wife-	same as # 2
1B. CAUSE OF DE	ATH [Enter only one couse per				INTERVAL BETWEEN
	ATH WAS CAUSED BY:	.0	00-00.		ONSET AND DEATH
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420.1	DUE TO	1,1	0 1		
Conditions, if		rain arting	ordenopy		S Mes.
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PART II. OT	THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	N IN PART 1(0) 19. WAS AUTOPSY
ATI					PERFORMED?
E 200 ACCIDENT W	AS UNDERLYING [206. DE	SCRIBE HOW INJURY OCCURR	ED (Enter nature of injury in I	Port I or Port II of item 18.1	,
OR CONTRIBUTING	G CAUSE OF DEATH Y MEDICAL EXAMINER)	SCRIBE FIOW HAJORY OCCORR	ED. (EINE) HOIOTO OF INJOY W		
ZOc. TIME OF INJU Hour o. m. p. m.	Whil	6.	LACE OF INJURY (Home, form octory, street, office bldg., etc.		(County) (State
21. I certify t	that I attended the deced	sed from A. Ly	1959 to 7	1 at 1957 t	hat I last saw the decease
alive an	new, 24 . 19	1-00			an the date stated above
dive di	1 160-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	, and martuear		ADDRESS (Street, city or town, s	
ACTUAL A	1 Pila				17 /25/50
SIGNATURE	an ho procume	<u>~~</u>	M.D. IZI Cath	edral St.,	11/52/27
PHYSICIAN'S NAME (Type)	John L. Hedeman	والمراجع الأرابان	Annapoli	s, Md.	
REMOVAL (Specify		22c. NAME OF CEMETERY		22d. LOCATION (City, town, or	
Burial 23. FUNERABDIRECTO	NOV. 27, 1959	ADDRESS C		Annapodis Md	PAP'S SIGNIATURE
11-11-X	(7/17/1/)	ADDRESS		D B1 REGISTRAR Z40, REGIS	THAN S SIGNATURE
Hopping F	Kineral Home	Innapolis M.	DATE	10/30'59 a	thung S. Kraus

eath. Page 4 e haspital ar ottending physician. R. After this certificate has been signed by the attending physician and campletely filled in by the runeral director, arched for use as the buriol-transit permit. Then please remove corban papers. Pages 1 and 2 shauld be filled with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after may be retained to the haspital an ottending physician.

To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be detended for use or the horizontal social. page 3 should be detached for use as the buriol-tronsit permit.

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9	PLACE OF DEATH . COUNTY Inne Arundel		MARYLAND	2. USUAL RESIDENCE (o. STATE Maryland		ed lived. If institution b. COUNTY WORCH			e admiss	ion)
_	CITY OR TOWN (If outside corporate liming RURAL and give nearest town)	its, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (rest towr	1)
(rownsville		19 days	Snowhill		23	X = 3	2		
	d. NAME OF HOSPITAL (If not in haspital, a OR INSTITUTION			d. STREET ADDRESS	1 m m ** C4			2		FARM?
	rownsville State Hos	-		204 Coll						
	DECEASED	rst Irene	Middle	Collick	4. DATE OF DEATH	Mont		16		Year 19 59
S. 5	Female 6. COLOR OR RACE	7. MARR	RIED NEVER MARRIED	B. DATE OF BIRTH April 10,	1917	9. AGE (In years lost birthdoy) A2 yrs.	IF UNDER Months	1 YEAR Days	Hours	Min.
10a	. USUAL OCCUPATION (Give kind of work during most of working life, even if retired Unknown	done 10b.		-	te or foreign			U.S.		OUNTRY
13.	FATHER'S NAME			14. MOTHER'S MAIDER	NAME		-			
	James Collick			Lillian	Unk:	nown)				
{Yes	WAS DECEASED EVER IN U. S. ARMED FOR no. or unknown) Inknown (If yes, give war or dates of section of the control of the con	service)	SOCIAL SECURITY NO. Unknown	Hospital Rec	ords	Addre	2\$\$		3.	
	gove rise to immediate DUE TO	De	cubitus ul stic hemapo	cers	ganis	ced and con	اعلان	ons		
CATION	PART II. OTHER SIGNIFICANT CON	IDITIONS C	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TE	MINAL DISEA	SE CONDITION GIVE	EN IN PAR	RT 1(o) 1	PERFC	AUTOPSY ORMED?
CERTIF	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter noture of injury	in Port I or Pa	ort II of item 18.)	U.S			
MEDICAL	20c. TIME OF INJURY Month, Day, Ye Haur a. m. p. m. — 19	while of war	Not while fo	LACE OF INJURY (Home, footory, street, office bldg.,		ty or town)	(County)		(State)
	21. I certify that I attended the alive on 11/16	deceas 191		h accurred at 1:00	ADDRESS (the causes and Street, city or town, s te Hospit	d an the	e date	stated	
	400	Heard	Reissman,M.D			te Hospit		2	11/1	6/59
220	BURIAL, CREMATION, 22b. DATE THERECO	DF 159	22c. NAME OF CEMETERY OF	OR CREMATORY	22d. LOC	OLD City, town, o	county)	Ma	(Stot	re)
23.	FUNERAL DIRECTOR'S SIGNATURE	4	3-45 Noull	Well 9 DATE	NOV 1 9	TRAR 24b. REGIS	TRAR'S SI			

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detoched for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with pth. Page 4 NDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after

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the registrar priar to buriol, cremation, or remaval, and in any event within 72 hours, offect death TO HOSPITAL OR AT VS A1S (4) 15M 9/S8

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12160

CERTIFICATE OF DEATH

12115

		, A
1. PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE b. COUNTY	ce before admission)
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give negrest town)
RURAL and give neorest fown) Pasadena (Rf) 23 Vrs +	XP. 1 PCH	
d. NAME OF HOSPITAL (If not in hospital, give street oddress)	d. STREET ADDRESS	e. IS RESIDENCE
OR INSTITUTION POPULE ROAD	Poplar Ridge Road	ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) CHRISTIAN ANDREW	COOK 4. DATE Month OF DEATH NOV.	Day Year 17 1957
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED		I YEAR IF UNDER 24 HRS.
Male MIDOWED DIVORCED	208266 1890 lost birthdoy) Months	Doys Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU		IZEN OF WHAT COUNTRY
during most of working life, even if retired)	W 1	, 80
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	0 A- U-
01.1.1	P3 #111 . 1	
Muchan Korn	I dena I kleis	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no. or unknown) 1 (If yes, give wor or dates of service)	INFORMANT Address Address	Ridge Pel-
No 1 MM 218-14-3978	Mr. Hack Stanbul - Proch	1. pp. Me
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: CACHEXIA		ONSET AND DEATH
154X DUE TO		3MENTHS
	COCCIONA CTE CIC	1
Conditions, if ony, which gove rise to immediate (b) GENERALIZED	CARCINOMATOSIS	6 MONTHS
course (a) stating the under DUE TO	2====	15 MONTHS
lying couse lost. (c) CARCINOMA		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	I NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1 1(0) 19. WAS AUTOPSY PERFORMED? YES NO X
OR CONTRIBUTING LI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Port I or Port II of item 18.)	
	LACE OF INJURY (Home, form, clory, street, office bldg., etc.) (City or town) (C	County) (Stole)
21. I certify that I attended the deceased from AUGUST	1959, to NOVEMBER 1959, that I !	ast saw the decores
	occurred at 2:45AM, from the causes and on the	usi suw life deceased
dive distances testering, 129-11-, did indi dedir	ADDRESS (Street, city or town, stote)	
ACTUAL CO 21 Por Port 10		DATE SIGNED
SIGNATURE Cuthur Lankford Jr.	MD. MOUNTAIN RD.	11-17-5
PHYSICIAN'S ARTHUR LANKFORD JR.	PASADENA MD	
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY CREMOVAL (Specify) 20 Now-1959 May the Change	OR CREMATORY 22d. LOCATION (City, town, or county)	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	246. REC'D BY REGISTRAR 246. REGISTRAR'S SIG	SNATURE
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Reg. Dist. No.

1. PLACE OF DEATH O. COUNTY O. MARYLAND	2. USUAL RESIDENCE (Where deceased fived. If institution: Residence before admission) o. STATE b. COUNTY
b. CIV ON TOWN (If outside corporate limits, write RURAL and give nearest toyn)	c. CITY OF TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (Ill not in Hospital, give street address) OR INSTITUTION VIEW WE	14/8/20 DILLO QUE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Margaret am William	ns Daniel 4. DATE Month Day Wood 14 1959
5. SEX COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	8. DATE OF BIRTH 8. DATE OF BIRTH 9. AGE (In years lif UNDER I YEAR IF UNDER 24 HRS. loy birthdoy) When the logic manner of the low birthdoy by statement of the low birthdoy by statement of the low birthdoy. 9. AGE (In years lif UNDER I YEAR IF UNDER 24 HRS. life under 24 HRS. loy birthdoy) 9. AGE (In years life under 24 HRS. life under 24 HRS. life under 24 HRS. loy birthdoy) 9. AGE (In years life under 24 HRS. life under 24 HRS. loy birthdoy) 9. AGE (In years life under 24 HRS. life under 24 HRS. loy birthdoy) 9. AGE (In years life under 24 HRS. life under 24 HRS. loy birthdoy) 9. AGE (In years life under 24 HRS. life und
106. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR IND during most of working life, even if percedy School Leacher) et Preblic School	oustry 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? of Frostburg Md 1. S. A.
James D. Williams	Levich Williams
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (If yes, give wor or dates of service)	Miss Leviah Daniel 2
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	estation ? the Heart Interval Between ONSET AND DEATH
Conditions, if any, which) DUE TO Conditions, if any, which)	olie Cardir Vascular 5415.
gave rise to immediate couse (a), stating the under-lying cause last. DUE TO Occupance (c)	
Jacque of the	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED? YES NO 1
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED (Enter natural of injury in Part I or Part It of Item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work of work of work	PLACE OF INJURY (Home, farm, foctory, street, office bldg., etc.) (City or town) (County) (State)
21. I certify that I attended the deceased from the olive on NN. 14, 1977, and that dea	th occurred at M. from the causes and on the date stated above.
SIGNATURE Olle A. Cuedaran	M.D. 44 Smith gate re- Clemafolis reals
PHYSICIAN'S NAME (Type)	
220. BURIAL, CREMATION, 22b. DATE THEREOF 22g NAME OF CEMETERY Survey 11-17-59 Justburg 9	OR CREMATORY. 22d. LOCATION (City, town, or county) (Stote) Memorial PK Faristburg 27d
23 FUNERAL DIRECTOR'S SIGNATURE SIND ADDRESS THE SIND COMMENT	20 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE NOV 2 0 '59 Dilling & Hope

neral director, TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after may be retained to the haspital or attending physician.

TO FUNERAL DIRECTORY. After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shape registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after decident. VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS A15 (4) 15M 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12118

CERTIFICATE OF DEATH

12119

THILD		Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY ANNE ARYLAND MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institut o. STATE b. COUNTY	
b. CITY OR TOWN (If autide corporate limits, write RURAL and give neglest town)	c. CITY OR TOWN (If outside corporate limits, write in 10 HNNAPOLIS	RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) HOMEWOOD CONVALESCENT HOME	108 MONTICELLO	AVE ON A FARM?
3. NAME OF DECEASED (Type or print) CATHERINE HAASE	DAVEY 4. DATE OF DEATH NOV	23 1959
FEMALE 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED	B. DATE OF BIRTH MAY 4, 1880 9. AGE (In years lost birthday) 79 yrs.	Manths Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done of the during post of working life, even if retired) 100. USEWIFE 100. USAL OCCUPATION (Give kind of work done of the during post of working life, even if retired) 100. USUAL OCCUPATION (Give kind of work done of the during post o	NEW YORK	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Sendence	14. MOTHER'S MAIDEN NAME	
(Yes, no. gr unknown) If yes, give wor or dates of service)	BERNARD C. HOFF	106 # 28
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	PNEUMONIA	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate (b)		
cause (o), stating the <u>under-</u> lying cause lost. DUE TO (c)	NOT OF LATE AND ADDRESS OF THE PERSON OF THE	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT ARTERIA SCHEROTIC CARDIO 200. ACCIDENT WAS UNDERLYING	-VASEULAR. DISEASE	PERFORMED? YES NO D
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Part II of item 18.)	
	ACE OF INJURY (Hame, farm, 20f. (City ar tawn) clary, street, affice bldg., etc.)	(County) (State)
alive on 33 NOV, 1959, and that death	occurred a 3342 M, from the causes	and on the date stated above
ACTUAL SIGNATURE SULLAND STORY	M.D. Halles (Street, eity or town,	Stole PATE SIGNED
PHYSICIAN'S NAME (Type)	(esmupelio)	med 19/59
220. BURIAL, GREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL ISPECIEVE NO. 2 2 PS 9 HILLCRES	T MEM. ANNAPO	LIS MD.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS, ADDRESS, ADDRESS, AND AND APPLICATION OF THE PROPERTY OF THE PROPERT	4 4	STRAR'S SIGNATURE

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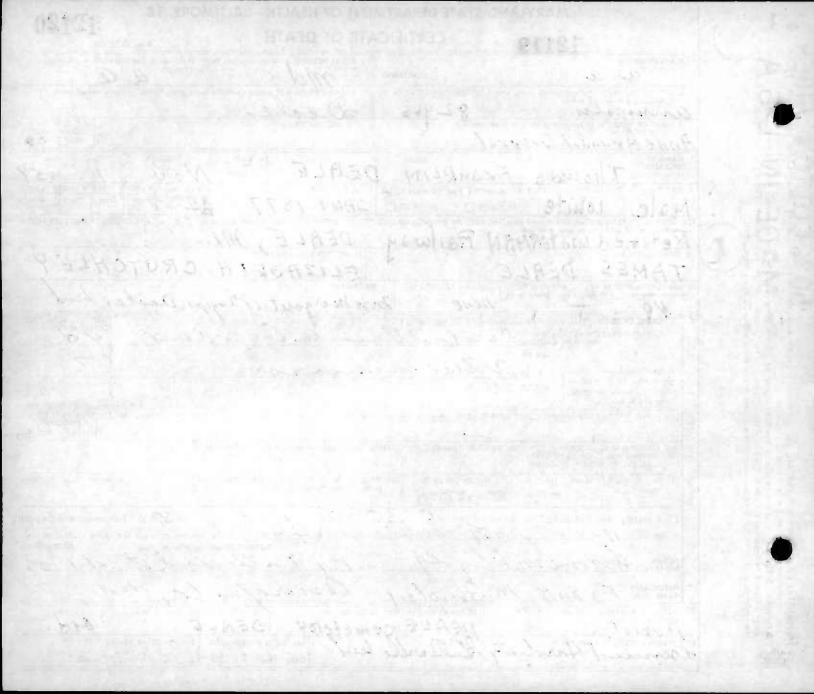
Rea. Dist. No.

1. PLACE OF DEATH o. COUNTY A A . MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	71101.
RURAL ond give neorgin town)	X C CIT OK TOWN (It builded corporate limits, write kokat bild give nedresi town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress)	Western 16 April 16 A
OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Anne Arundel Wekerdl	YES NO
NAME OF DECEASED (Type or print) Thomas Franklin	DEALE OF A Month Day Year 195
. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	
Male Julie WIDOWED DIVORCED	JANI 1877 Ost Dithdoy) Wonths Doys Hours Min.
a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INC	DUSTRY 11. 8IRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY
Returned Water 471 Railway	DEALE, ML
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME FLOZABETH CRUTCHLEY INFORMANT WAS Breagareta Playings. Deale, bed
JAMES PETLE	ETIZHBEIN CHOICH-EI
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of service)	INFORMANT Address
NO - NOHE	was margaret a Blugger, Dealer
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Cerify U	asonlar leccident 4 d.
33/X DUE TO	
Conditions, if ony, which) (b) are are	chroner :
gove rise to immediate DUE TO	
lying couse lost.	
	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS
CATIC	PERFORMED? YES \(\) NO \(\)
20- ACCIDENT WAS UNDERLYING ET 201 DESCRIPE HOW INHIBY OCCUP	IRED. (Enter nature of injury in Part I or Part II of item 18.)
OR CONTRIBUTING © CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State
Hour o. m. While Not while	PLACE OF INJURY (Home, form, † 20f. (City or town) (County) (State factory, street, office bldg., etc.)
p. m. 19 of work of work	
21. I certify that I attended the deceased fram. 10-3	D - 1977, tall - 19 Sthat I last saw the decease
alive on 11-1 - 1959, and that dec	ith accurred at 4/2 M, fram the causes and an the date stated above
1 1 0	ADDRESS (Street, city or town, stote) DATE SIGN
SIGNATURE of rough markety	40/21 Entheded st 11.1.
JI J	
PHYSICIAN'S EXANK M Shiplan	unicapolis not
	OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY	OR CREMATORY (STOLE)
2 EUNIEDAL DIDECTOR'S CICNIANDS	CALCALLA AND CONTRACT OF SECURITARIOS
3. FÜNERAL DIRECTOR'S SIGNAVRE	240. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE
posterior processing	DATE NOV 4 '59 Chilling S. Klaus

eath. Page 4 TO HOSPITAL OR APPRIDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after that the page 4 may be retained to the hospital an attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director page 3 should be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filed with the registrar priar to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/58



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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VS A15 (4)

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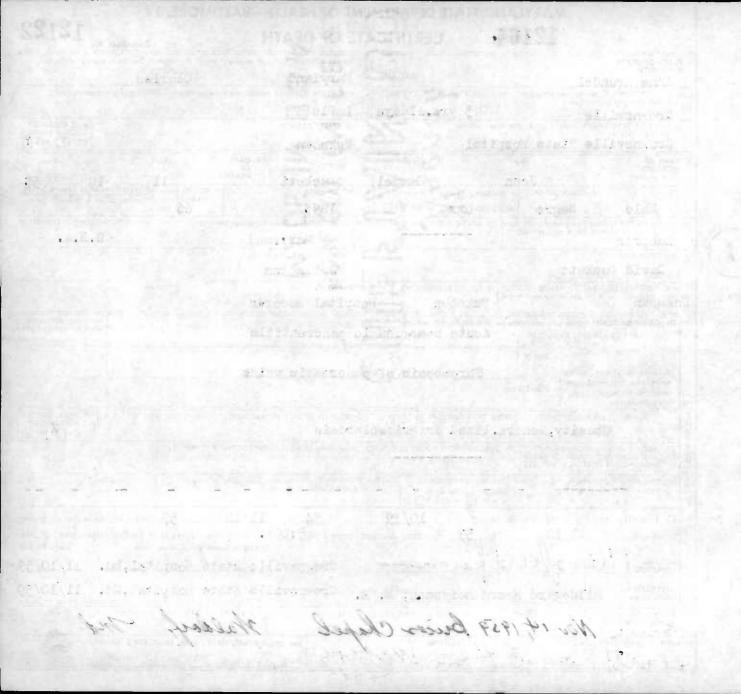
ARYLAND	STATE DEPARTMENT	OF HEALTH-	-BALTIMORE,	18

12164 CERTIFICATE OF DEATH

M

12122

1. PLACE OF DEATH o. COUNTY Anne Art	ındel		MARYLANI	a STATE	DENCE (W	/here decease	d lived. If institut b. COUNTY Char	-	nce befo	re odmiss	ion)
	(If autside carporate limits	s, write c	LENGTH OF STAY IN 18	c. CITY OR	TOWN (If	autside carpo	prote limits, write l			arest town	1)
Crownsvi			5 yrs.llday				08	X-2			1
OR INSTITUTION	PITAL (If not in hospital, given the state Ho			d. STREET				1,3			FARM?
3. NAME OF DECEASED (Type or print)	First Joh		Middle Samue	la Duci	st kett	4. DATE OF DEATH	Ma	nth	Do		Year 19 50
5. SEX Male			NEVER MARRIED DIVORCED		Н		9. AGE (In years lost birthday) 66 yrs.	Manths	R 1 YEAR Days	Hours	Min.
10a. USUAL OCCUPAT during most of we Laborer	TON (Give kind of work dorking life, even if retired)	ane 10b. Kil	ND OF BUSINESS OR IN	DUSTRY 11. BIRTHP			country)	12.CI		S.A.	OUNTRY
13. FATHER'S NAME				14. MOTHER'S	MAIDEN	NAME					
David I	uckett			Jul	ia An	n	10				
15. WAS DECEASED EV	/ER IN U. S. ARMED FORC	neight !	cial security no.	INFORMANT Hospital	Dana		Add	dress	3		
CATIC	immediate g the under- DUE TO t. (c). THER SIGNIFICANT COND Obesity, Gene	ontions con		UT NOT RELATED TO	O THE TERM	MINAL DISEAS		VEN IN PA	RT 1(o) 1	PERFG	AUTOPSY PMED?
(IF EITHER, NOTIF	JRY Month, Day, Year	While		PLACE OF INJURY Factory, street, office			y or town)		(County)	-	(State)
21. I certify alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	ACTUAL SIGNATURE (LUGIUM CAVO) DATE SIGNED M.D. Crownsville State Hospital, Md. 11/10/59 PHYSICIAN'S HARD Crownsville State Hospital Md. 11/10/59										
REMOVAL (Special	NOV-19,	1959	Buces C	OR PREMATORY		Wa	Close	-	ma	(Stat	te)
23. FUNERAL DIRECTO	T Forwal	4	ADDRESS Wa	edory		O'D BY REGIS		ISTRAR'S S			



12123

	191	65				Reg. Dist. No.	
a. COUN			MARYLAND	2. USUAL RESIDENCE (Where g. STATE //).	deceased lived. If institution b. COUNTY	an: Residence before admiss	ion)
and piv	R TOWN (If autside corporate limits re nearest lown) ern Grove Ann		c. LENGTH OF STAY IN 16 Md 4C/RS.	c. CITY OR TOWN (If outs	ide corporote limits, write R	URAL and give nearest town	1)
	OF HOSPITAL OR INSTITUTION Severn Grov	ON (If not in he		d. STREET ADDRESS	Grot,		FARM?
3. NAME OF DECEASE (Type or p	print) Ele	First	Middle	111	DATE Month OF DEATH	Day Yes	59
5. SEX	6. COLOR OX A	WIDOW		Oct 20-1482	1 1 1 1 1 1 1	Months Days Hours	R 24 HRS. Min.
during mo	OCCUPATION (Give kind of working life, even if retinusewife	red)	wn home	TRY 11. BIRTHPLACE (Stole or for Maryland	ereign country)	U S A	OUNTRY
13. FATHER	S NAME			14. MOTHER'S MAIDEN NAME			
	Joseph Har	ris		Elizabet	th Pritchard		
15. WAS DE	CEASED EVER IN U. S. ARMED		SOCIAL SECURITY NO. 17.	NFORMANT	Address		
(102, 110, UT 011K	no	ier or service)	none J	ohn E Dunn	Annapolis,	Md.	
Conditi gave ris (o), sto couse I		(b) (c)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL	LILERASE'S	PERFOR	
ZOG. EXT PRIMARY CAUSE	TERNAL CAUSE WAS Y OF CONTRIBUTING OF DEATH.	20b. DESCRI	BE HOW INJURY OCCURRED. (Enter noture of injury in Port I or	Part II of item 18.)	YES []	NOC
-	NE OF INJURY Month, Day our o. m. p. m.	Whi	1	CE OF INJURY (Home, form, lory, street, office bldg., etc.)	Of. (City or town)	(County)	(Slote)
	resulted from Natur	7.		ove, held an Autopsy Cicide , Homicide	, Undetermined co	Inquiry, and fi luse	,
EXAMI	NER'S F.	Lin.	hneA.	ASSISTANT MEDICAL EXAM	AINER	11/8/3	55
Bur		EREOF 1959		Cemetery	LOCATION (City, town, or Colman Manor	Ma	
ra	L DIRECTOR'S SIGNATURE		ADDRESS	24a. REC'D BY	REGISTRAR 246. REGIST	RAR'S SIGNATURE	
E .	Gasch's Sone	Hara + 4		DATE	1000	refour & the	

VS. A15ME(5) 5M 9/55

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TO HOSPITAL OR AT VIDING PHYSICIAN: The law requires that the death certificate be executed with	may be retained by hospital ar ottending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completel	page 3 should be detoched for use os the burial-transit permit. Then please remark carbon papers. P	the registrar prior to burial, cremation, or removal, and in any event within 72. Lurs after death.
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12166

CERTIFICATE OF DEATH

12124 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Anne Arundel		MARYLAND	2. USUAL RESIDENCE (W. p. STATE Waryland	/here deceased		on: Resider			an)
b. CITY OR TOWN (If outside corporate if RURAL and give nearest town) Crownsville	mits, write c. L	mo. 178 days	c. CITY OR TOWN (IF	outside corpor	ote limits, write R		give nea	-)
d. NAME OF HOSPITAL (If not in haspital OR INSTITUTION Crownsville State H		:55)	d. STREET ADDRESS Unknown						DENCE FARM? NO []
	First illiam	Middle T •	Lost Edwards	4. DATE OF DEATH	Mon		Day		9 59
5. SEX 6. COLOR OR RAC Male Negro	F 7. MARRIED WIDOWED		8. DATE OF BIRTH 1877		9. AGE (In years lost birthdoy) 82 yrs.	Months Months	Days Days	Hours	R 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of word during most of working life, even if retir Farn Laborer 13. FATHER'S AME	k dane 10b. KIND	OF BUSINESS OR INDUS	Marylan 14. MOTHER'S MAIDEN Sarah	d	untry)	12. CIT	U.S.		OUNTRY?
John Williams 15. WAS DECEASED EVER IN U. S. ARMED FI (16. no. or unknown) (If yes, give war or dates No	of service)		NFORMANT Nospital Reco	rds	Add	ress			
Conditions, if ony, which gave rise to immediate couse (o), stoting the under-lying cause last. PART II. OTHER SIGNIFICANT CO. Chronic Brain Sy	(b) Ger	teriosclerot	terioscleros: ic Heart Disc	ease		EN IN PAR	RT 1(a) 15	PERFOR	AUTOPSY RMED?
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINES 20c. TIME OF INJURY Month, Doy, Haur a. m.	(eor 20d. INJUR)	Y OCCURRED 20e. PL/	O. (Enter nature of injury in ACE OF INJURY (Hame, far lary, street, affice bldg., et	m, 20f. (City		- (County)	-	(Stote)
21. I certify that I attended the alive on 11/14.	ne deceased f	and that death	accurred at 2:40	ADDRESS (St.	the causes an	stote) ital,	e date	stated DATE	
220. BURIAL CREMATION, 22b. DATE THER REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE	59 Jac	ADDRESS ON Work of	LANGE DATE	22d. LOCAT		13			l

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Reviel Court Arthroff Court and Avenue of the Land Court of the Court

11/25/89 Morning Surper & Lands

VS A15 (4)

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Reg. Dist. No

e. IS RESIDENCE

Day

ON A FARM?

YES NO P

Year

19 5

IF UNDER 1 YEAR IF UNDER 24 HRS Manths Days 12. CITIZEN OF WHAT COUNTRY Address INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO X (Caunty) (Stote) 15 NOU , 195 That I last saw the deceased 7 and that death accurred at 1/30 P.M. from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED 22d. LOCATION (City, tawn, or caunty) (State) ADDRESS 24b. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR DATE NOV 1 8 '59 Cathun &

THE DEFINITION OF THE PARTY OF A COUNTY OF THE PARTY OF THE PA reflect to the mulant of the thirty of the terminate San Carlotte (All Later and Carlotte Company) and Salami

2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission)

PLACE OF DEATH

VS A15

	MARYLAND MARYLAND	ALE MY C. B. COUNTY A.A.
	b. CITY OR TOWN (If outside corporate limits, write RURAL and of Chearest town) C. LENGTH OF STAY IN 1b C. CIT	TY OR TOWN (If outside corporate limits, write RURAL ond give nearest tawn)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 200 COST OF LATER AND COST	TREET ADDRESS 200 GOODRESS VES NO NO PRINCE NO P
- 1	NAME OF DECEASED (Type or print) Lace first 15 Middle TREE 3	4. DATE Month Day Yeor OF DEATH 19
5. 9	SEX 6. COLOR OR BACE 7. MARRIED NEVER MARRIED B. DATE O	9. AGE (In years IF UNDER 1 YEAR IF UNDER 2: Months Doys Hours World Hours Hours
10a	o. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11. B during most of working life, even if retired)	BIRTHPLACE (State on foreign country) 12. CITIZEN OF WHAT COUNTY
13.	FATHER'S NAME Thomas s. 14. MO	THE'S MAIDEN NAME ARGARET DEU MAR.
15. (Yer	WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMAN (If yes, give wor or dates of service)	Inmay - Jaddress
7	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate couse (a), stoting the under-lying cause lost. DUE TO (c)	vni
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	PERFORME YES N
CERTIFI	206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUGUST CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	oture of injury in Part 1 or Port II of item 1B.)
MEDICAL CE		JURY (Home, farm, t, affice bldg., etc.)
CAL	Hour o. m. p. m. 19 While at work at while at work at work 121. I certify that I attended the deceased fram.	957, ta, 1959, that I last saw the dece ed at \$1.58M, fram the causes and an the date stated al
CAL	Hour o. m. p. m. 19 While at work at while at work at work at while at work at work. 21. I certify that I attended the deceased fram. Actual SIGNATURE While Nat while at work at work at work.	957, ta
MEDICAL	Hour o. m. p. m. 19 While at work at while at work a	957, ta
WEDICAL	Hour o. m. p. m. 19 While at work at while at work at work at while at work a	957, ta

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12127

		CERTIFIC	AIE OF DEATH		Reg.	Dist. No.	4 1 1
1. PLACE OF DEATH o. COUNTY Ann	ne Arundel	MARYLAND	2. USUAL RESIDENCE (WE o. STATE Md.		f institution: Residence COUNTY		ssian)
RURAL and give n	If outside corporote limits, earest town) 1a (Rural)	write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	n Burnie	s, write RURAL or	nd give nearest to	vn)
d. NAME OF HOSPITOR INSTITUTION Box 299	TAL (If not in hospital, giv , Bar Harb		d. STREET ADDRESS	ce Drive			A FARM?
3. NAME OF DECEASED (Type or print)	First Minni	Middle e	Fuller	4. DATE OF DEATH	Month Nov.	Doy 2,	Yeor 1959
5. SEX	W	7. MARRIED NEVER MARRIED NOT NEVER MARRIED NEVER N	7/4/1880	17	(In years IF UND irthday) Manth yrs.	DER I YEAR IF UNI	7
10o. USUAL OCCUPATION during most of wor Labore:	king me, even ir remedi	Pharmaceutic			12.	CITIZEN OF WHA	T COUNT
	arren Full		14. MOTHER'S MAIDEN N	Unknown		1	
15. WAS DECEASED EVE (Yes. no. or unknown) NO	R IN U. S. ARMED FORC (If yes, give wor or dates of sen NONE	16. SOCIAL SECURITY NO. 17. 212-09-0495	Mrs Emma L	ong, Sam	Address e as 2	11/22	
	TH WAS CAUSED BY: IMMEDIATE CAUSE (6)_ DUE TO	Cerebro-vo	rosis	acciden	st-	INTERVAL E ONSET AN 2 de Leves	DEATH OLDEATH
gave rise to i cause (a), stating lying cause lost.	the under- DUE TO (c)_						9
STATE OF THE STATE		TIONS CONTRIBUTING TO DEATH BU				PERF	ORMED?
OR CONTRIBUTING	AS UNDERLYING 2 CAUSE OF DEATH MEDICAL EXAMINER)	0b. DESCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in I	Port I or Port II of iter	m 18.)		
20c. TIME OF INJUR Hour a. m. p. m.	Y Manth, Day, Year 19	20d. INJURY OCCURRED While Not while of work	PLACE OF INJURY (Home, form foctory, street, office bldg., etc	, 20f. (City or lown)		(County)	(Stot
21. I certify the alive an few and few	and I attended the desired in the same of	deceased from March. 1859, and that dead Me faughtin	th occurred at 5.50 A		auses and an	the date sta	
220. BURIAL CREMATIC REMOYAL (Specify) BURIAL	DN, 226. DATE THEREOF 11/5/59	20c. NAME OF CEMETERY Oak Lawn (22d. LOCATION (City Balti	y, town, or count		ole)
23. FUNERAL DIRECTOR Hopping	'S SIGNATURE	by, Glen Burnie	0.10	D BY REGISTRAR 2	46. REGISTRAR'S		

the Tuneral director, should be filed with may be retained by hospital or attending physicion.

TO FUNERAL DIRECTAL After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be detoched far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 sharther registrar prior to burial, cremation, or remayal, and in any event within 72 hours—after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The fow requires that the deoth certificate be executed within 24 hours

VS A15 (4) 15M 10/57

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VS A1S (4) 1SM 9/SS

1			STATE MD. b. COUNTY BALT. CITY
1		GLEN BURNIE 2 ym. X	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 1237 LOMBARD ST
<		207 CARROLL RD.	BALT., MD. e. IS RESIDENCE ON A FARM? YES NO X
			NFURTE DEATH NOVEMBER 21 1959
		F. W WIDOWED DIVORCED 12	TE OF BIRTH P. AGE (In years lift UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. 74 yrs.
1		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) # 5 W F	11. BIRTHPLACE (State or foreign country) SECILY, ITALY YES - USA
1		Mr Dominick Marino (dec)	Mus Rosaria Battaglia (dec)
		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORM (Yes. no. of unknown) If yes, give war or dates of service MRS. A	ANTONINA DUVALL-1003 OLD-AMAP. BBURN.
		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) ACUTE GORO	NARY THROMBOSIS INTERVAL BETWEEN ONSET AND DEATH SUDDEN
		Conditions, if ony, which) DUE TO Conditions, if ony, which) DUE TO CONGESTIVE H	EART FAILURE /mo
		gove rise to immediate cause (a), stating the under-lying couse last. DUE TO AD VANCED	AGE Loyn
0	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R CANCER - BOTH LUNGS -	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO PERFORMED?
	CERTIF!	206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	er nature of injury in Part I ar Part II of item 18.)
	MEDICAL		F INJURY (Home, farm, Street, office bldg., etc.) (City or town) (County) (State)
	P	21. I certify that I attended the deceased from 20 Nov	urred at 12 15 PM, from the causes and an the date stated above
	8	ACTUAL H.F. Manusale M.D.	ADDRESS (Street, city or town, state) DATE SIGNED EAST WAY & ED GERLY RD 11 Nov 59
1		PHYSICIAN'S H.F. MANUZAK	GLEN BURNIE, MJ.
	220	220. BURIAL, CREMATION, 226 DATE THEREOF REMOVAL (Specify) World'S-JG Kew Kalkuka	MATORY 22d. LOCATION (City, town, or county) (State)
	23.	23. FUNERAL DIRECTOR'S SIGNATURE of Finds Son Burne	In a 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE ONLY 2 4 '59 Conting S. Thomas
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Rea. Dist. No.

	neg. Disi. ivo.
1. PLACE OF DEATH d. COUNTY Anne Arundel MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Anne Arundel
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Annapolis
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION Anne Arundel General Hospital	d. street address Gilliam's Corner, Defense Hgwy. e. is residence on a farm? yes \(\) NO \(\)
3. NAME OF DECEASED (Type or print) John JORDAN	GILLIAM 4. DATE Month Day Year OF DEATH November 27 1959
	B. DATE OF BIRTH June 3, 1885 9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HR: Months Days Hours Min.
Oa. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working lifegeven if retired)	STRY 11. BIRTHPLACE (Stote or fareign country) North Carolina 12. CITIZEN OF WHAT COUNTRY U.S.
Wilhiam H. Gilliam	7 14. MOTHER'S MAIDEN NAME EMILY MACKEY
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If yes, give wor or dates of service)	NFORMANT J. GILLIAM #2
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (4) DUE TO Conditions, if ony, which gove rise to immediate couse (a), stoting the under: lying cause lost. PART I. DEATH WAS CAUSED BY: DUE TO DUE TO LOS	hy Fight chaphragmatic
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT OF CONTRIBUTING CAUSE OF DEATH 20a. ACCIDENT WAS UNDERWING DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Port I or Part of of item 18.)
Z 20c. TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State ctory, street, affice bldg., etc.)
	Nov. 27, 159, that I last saw the decease accurred a:05P.M. fram the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNE Annapolis, Md.
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF SURPLY SPOCITY 11-30-59 (The N +AU	VEN GLEN BURNIE MO.
Fluteral Director's SIGNATURE LAND Champoli MC	DATE DEC 1 '59 246. REGISTRAR'S SIGNATURE CITTING S. Krous

death. Page 4 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or remayal, and in any event within 72 hours after death. ZYENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after TO HOSPITAL OR

VS A1S (4) 15M 9/5B

OSTSI Lebury contact of the backgrowth of the solution of the Lebury contact Mineral - June of Control Acres Arythol Comment Houselfall (Alliant Former More) Achites Acres Mary the second states who seems ates At a second of the second And I down the second of the first the first the second of William of Statement Lawy Viscous Lawy The will be made in the complete the total The state of the test of the second at the state of the series of the second the first of the second of the se TO STATE OF THE ST . No. of Projection EDIRE 10-1007 CLEVERINE CHEW BURNESS HE

511

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

may be retained by TO FUNERAL DIRECT

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12171

CERTIFICATE OF DEATH

12129

Rea. Dist No

				Keg. Dist. 110.
1. PLACE OF DEATH o. COUNTY Anne Arundel	MARYLAND	2. USUAL RESIDENCE (Who a. STATE	ere deceased lived. If instituti b. COUNTY	on: Residence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Laurel, Md.	c. LENGTH OF STAY IN 16 33 years	Washing	utside corporate limits, write R	EURAL ond give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street) District Training School L	aurel, Md.	erg street address 1420 - 21	Lst. N.W.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Donald		reenstreet	4. DATE Moremb	
5. SEX 6. COLOR OR RACE 7. MARRI WIDOWE		B. DATE OF BIRTH Feb. 14, 1900	9. AGE (In years lost birthdoy) 59 yrs.	Months Days Hours Min.
USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Institution	KIND OF BUSINESS OR INDU	Washingto	on, D.C.	12. CITIZEN OF WHAT COUNTRYS USA
13. FATHER'S NAME Abher G. Greenstreet		14. MOTHER'S MAIDEN N		
		U	e Greenstreet	
75. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S 1743. no. or unknown) (If yes, give wor or dates of service)		INFORMANT hildren's Cent	ter, Laurel, M	iress [d.
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS COOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINES)	rilio, el	T NOT RELATED TO THE TERMI	untal resta	VEN IN PART I(a) 19. WAS AUTOPSY PERFORMED
20c. TIME OF INJURY Month, Day, Year 20d. IN While	Not while of work	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.	20f. (City ar town)	(County) (State)
21. I certify that I attended the decease alive on 150 19 19 ACTUAL SIGNATURE PHYSICIAN'S Wilfred R. Ehrman	59, and that death	M.D. Child	M, from the couses of ADDRESS (Street, city or town, when S Carta)	Janul Mis
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION (City, lown,	or county) (Stote)

15. 3.	ST JRONETIAS-	HILLIAN SO SE	MEATRASS TO	ATE COLLEGE	MI STOR	
		HIARD TO B	(CERTISION)	· .		
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					William Ville	
THE RECEIPTURE						

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funeral directar,

After this certificate has been signed by the attending physician and campletely filled in by the Faneral directar, hed far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with page 3 shauld be detached for use as the burial-transit permit. Then please remaye carban papers, the registrar priar to burial, crematian, ar remayal, and in any event within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law req may be retained by haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signage 3 shauld be detached far use as the burial-transit.

IDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after VS A1S (4) 1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12121

CERTIFICATE OF DEATH

12131 Reg. Dist. No.

a. COUNTY	Anne Arundel	MARYLAND	a. STATE	Where deceased lived. If b. C	COUNTY .	before admission) Arundel				
	If autside carporate limits, write	c. LENGTH OF STAY IN 16	+	f autside carporate limits						
RURAL and give n		9 days	Y Char	rchton						
d. NAME OF HOSPI	TAL (If not in haspital, give stre		d. STREET ADDRESS	rencon		e. IS RESIDENCE				
OR INSTITUTION	1 Genera 1 Hos					ON A FARM? YES NO				
3. NAME OF DECEASED (Type or print)	First Carrie	Ma e	HARDESTY	4. DATE OF DEATH N	Manth ovember	Day Year 11 19 59				
S. SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (11.1	YEAR IF UNDER 24 HRS				
Female	White WIDO	WED DIVORCED	September 1		O yrs. Manths C	Days Hours Min.				
Oa. USUAL OCCUPATION	ON (Give kind af wark dane 10	b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Sta	te ar fareign country)	12. CITIZ	EN OF WHAT COUNTRY				
Pro	king life, even if retired)	General Store	New York		U.	S.				
3. FATHER'S NAME	1	TOTAL DOOLE	14. MOTHER'S MAIDEN							
Namich	Brundage									
	ER IN U. S. ARMED FORCES?	6. SOCIAL SECURITY NO.	Lillie (. uwens	Address					
(Yes, no, or unknown)	(If yes, give war or dates of service)									
no8			. Milton Hard	iesty-Son-	Churchton					
	ATH [Enter only one cause per ATH WAS CAUSED BY:	line far (a), (b), and (c).]				INTERVAL BETWEEN				
PARI I, DEA	IMMEDIATE CAUSE (a)	Manna				/ma				
181.0	DUE TO			4	1 11					
Canditians, if a		Paruner	res et.	the for	ladder	1 6 mg				
gave rise to										
lying cause last.	lying cause last.									
PART II. OT	HER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TER	MINAL DISEASE CONDIT	TION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO				
20a. ACCIDENT W. OR CONTRIBUTING	AS UNDERLYING DEATH MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	ED. (Enter nature af injury i	n Part I ar Part II af iten	m 18.)					
ZOc. TIME OF INJUI Haur a.m. p. m.	Whi	t.	ACE OF INJURY (Hame, fa ectary, street, affice bldg., e		(Co	ounty) (State				
21. I certify th	nat I attended the dece	osed from April	19 59 to	Nov. 11	19 59 that I las	t saw the decease				
		59, and that deat								
dilve dil	, 17	ZZ, and mai dean	dccorred di	ADDRESS (Street, city		DATE SIGNE				
ACTUAL	001	// //	00 0-41-		ar rawn, state,	11/11/50				
SIGNATURE	donn	I down the	M.D. 98 Cath	edral St.,		11/11/27				
PHYSICIAN'S NAME (Type)	dwin Davis, Jr	. //	Annapol	is, Md.						
22a. BURIAL, CREMATIC REMOVAL (Specify	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION (City	y, tawn, ar caunty)	(State)				
Burial	Nov.13.1959	Hillcrest Cer	me tery	Annapolis,	Maryland					
28. FUNERAL DIRECTOR		ADDRESS	24a. RE	C'D BY REGISTRAR 2	4b. REGISTRAR'S SIGI	NATURE				
HOPPING FI	UNEXAL HOME	Annapolis, Mar	VI and DATE	NOV 1 6 '59	Circling S.	Kraya				
	Tree D TOTIL	amahorra, mar.	Y Tallo							

ISISI Lo II. Application and the second Thanks I have all (scenar Set comit of Austral) Leberral en-E.S. 12.11 and a still The state of the s The second of th TOTAL SOLD THE CONTROL OF THE CONTRO

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leose ex	should t		remation
ory, p	age 4		burial,
ours ofter death. If any delay is nec	1, 2, and 3 to the funeral director	may be retained for your files.	es 1 and 2 with the registrar prior to
rithin 24 ha	Give Pages	13. Poge 5	t. File poge
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is neclear, please ex	riting the ward 'pending' in pencil in Item 18.	ef Medical Exominer's Office along with form PA	TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation
TO DEPUTY MEDICAL	cute the certific, w	forwarded to the	TO FUNERAL DIRECTOR

VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12174MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 12133

	I. PLACE OF DEATH o. COUNTY Anne Amindel MARYLAND					2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. STATE b. COUNTY							
118	1	b. CITY OR TOWN (II		RURAL	c. LENGTH OF STA		c. CITY OR TOY	NO (If outside car	rporate limits.		None C		wn)
1 250	1	crownsvil			5 yrs	Anro	Baltim			en .	101.		
		d. NAME OF HOSPITA		f nat in hospit			d. STREET ADDR					e. IS RE	ESIDENCE
010			le State Ho				1512 D	ruid Hil	l Aven	ue			A FARM?
		NAME OF DECEASED (Type or print)	Ver	NOA	Middle	,	Lludia	4. DATE OF DEATH		Month 11	Day 3		959
1	5. 5	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARR	IED 🔼 8.	DATE OF BIRTH		9. AGE (In y		NDER TYEAR		ER 24 HRS.
1	1	Male	Negro	WIDOWED	DIVORCE		March 17	, 1922	lost birthdon	yrs. Mor	iths Days	Haurs	Min.
11	100	. USUAL OCCUPATIO	N (Give kind of work	lane 10b. KIN	ND OF BUSINESS C	R INDUSTI	RY 11. BIRTHPLACE	(State or foreign	country)	12	. CITIZEN O	F WHAT	COUNTRY
		Unknown	me, even ii remee,			_	Mary	land			U.S.	A.	
	13.	FATHER'S NAME		100	RED_HE		14. MOTHER'S MAIL	DEN NAME					
		Harry H						ine Perr	y				
	15. (Yes	. WAS DECEASED EVE	R IN U. S. ARMED FOI		OCIAL SECURITY N		IFORMANT		A	ddress			
		No			Inknown	7	Hospital :	Records					1.7/
		PART I. DEATI	H [Enter only one count was CAUSED BY: MMEDIATE CAUSE (a)		r (a), (b), and (c).] Paralytic		S	1 1			ONS	RVAL BETWE ET AND DEA	ATH
		570.5	DUE TO		Intestina								
		Canditions, if an gave rise to immedi	ote couse										
		(a), stating the w			old Post-	Opers	tive Adhe	sions					
	z		(c). ER SIGNIFICANT CON	DITIONS CON	TRIBUTING TO DE	ATH BUT N	OT RELATED TO THE	TERMINALDISEAS	SE CONDITIO	N GIVEN IN	PART 1(a) 1	9. WAS	AUTOPSY
2	CERTIFICATION											PERFO YES	NO
	CERTIF	PRIMARY Or CON CAUSE OF DEATH.	TRIBUTING []	b. DESCRIBE F	HOW INJURY OCC	URRED. (E	nter nature af injury i	in Part I or Part I	I af item 1B.)				
	MEDICAL	20c. TIME OF INJUR' Havr a. m. p. m.	Month, Day, Yea		JURY OCCURRED Not while of work	20e. PLAC facto	E OF INJURY (Hame ry, street, affice bldg	p, farm, 20f. (Cit	y or lawn)		(County)		(State)
		21. I certify the	at I took charge	of the re	mains describ	ed abov	ve, held an Au	topsy 🔲, I	nspection	, In	quiry [, and f	find tha
		death resulted	from Natural	causes .	, Accident [], Suid	ide 🔲, Homi	icide 🔲, U	Indetermin	ed cause	e 🔲.		
			8/	0	. /							DATE S	ICHED
		SIGNATURE	Serve	Las	1		_M.D. CHIEF MEDIC	CAL EXAMINER				/	1
2		EXAMINER'S	NO 1		1.11-1	/		MEDICAL EXAMIN	1		111	1.11	1-9
		NAME (Type)	FL	INK	MICH			ICAL EXAMINER			11/	7/	1
0	220	REMOVAL (Specify)	1/8/S	9 2	CENSIE OF CEM	ETERY OR	CREMATORY PIC	1 22d. LOCA	KW/R	awn, or cau	unty)	(State	d
della	23.	FUNERAL DIRECTOR'S	SIGNATURE	1	ADDRESS	66 (1)		REC'D BY REGIS	TRAR 24b.	REGISTRAR	'S SIGNATUI	RE	
100	1	- lac	les c	6.6	(ice	Ba	rre SY, DA	TE WHY 6	59	Orth	A. TEL	the u.d.	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 22122 CERTIFICATE OF DEATH

12134

Reg. Dist. No.

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1. PLACE OF DEATH

After this certificate has been signed by the ottending physician and completely filled in by the real director, hed far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with rial, cremotion, or removal, and in any event within 72 hours offerdeath.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter TO FUNERAL DIRECTORS 3 shauld be dithe registror prior to VS A1S (4) 15M 9/55

	PLACE OF DEATH	IE ARUNDEL		MARYI	- 11	O. STATE MARYLA	here deceased ND	lived. If institution b. COUNTY	Annual Company	efore odmiss RUNDEI	
	RURAL and give ne	f autside carporate limi earest town) MARYLAND	ls, write	c. LENGTH OF STAY I	11.	NNAPOLIS,			JRAL and give	nearest taw	n) _ ,
	OR INSTITUTION	AL (If not in hospital, g HOSPITAL,			1.	d. STREET ADDRESS 75 PRINCE G	EORGE S	ST.			FARM?
	NAME OF DECEASED (Type or print)	Joseph	sf	Middle Jerome		JACOBSON	4. DATE OF DEATH	Mont			Year 19 59
5.	Ma le	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIE		04TE OF 8IRTH		9. AGE (In years last birthday)	IF UNDER 1 Y Months Da	AR IF UND	
	during most of work U.S. Navy	DN (Give kind of work of ing life, even if retired)	dane 10b.	KIND OF BUSINESS OF	NDUSTRY	11. BIRTHPLACE (Stote Marylan		untry)	12. CITIZEI	OF WHAT	COUNTRY
13.	FATHER'S NAME				1	4. MOTHER'S MAIDEN	NAME				
	JACOBSON,	Jacob			20 8	GANNON, M	argaret				
		R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFC			Addr	ess Anna	polis,	Md.
	YES	20 Yrs.			Lil	ian D. JAC	OBSON ((W) 75 F	rince		
		TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o	101	ne for (a), (b), and (c).]					1	NTERVAL BE	TWEEN
	502.0	DUE TO		Chronic Pu	lmona	ry Emphyse	ma		20+	4 days	
	gave rise to in casse (a), stating t lying cause last.	mmediate (Chronic bro	onchi	tis				20 +	
CATION	PART II. OTH			CONTRIBUTING TO DEA	TH BUT NO	T RELATED TO THE TERM	AINAL DISEASE	CONDITION GIVE	EN IN PART 1(c	PERFC	AUTOPSY PRMED?
CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	CURRED. (I	inter nature of injury in	Part I or Part	II of item 18.)			
MEDICAL	20c. TIME OF INJURY Haur a. m. p. m.	Y Manth, Day, Yes	while	Nat while	20e. PLACE factor	OF INJURY (Home, far, r, street, affice bldg., et	m, 20f. (City	or tawn)	(Cour	ity)	(State)
	21. I certify the	at I attended the	deceas	sed from July	15	_, 195°L, to_	har 10	19 5	that I last	saw the	deceased
	alive onN	100-10	_, 19_	29, and that	death o	curred at4:40	P.M. from	the causes a	nd on the	date state	ed above
	ACTUAL SIGNATURE	Lylre	el	Zuseh L	H M	SUSHR	VSNH	eet, city or town, s	nape	lis 0	MCP
	PHYSICIAN'S NAME (Type)	s. BUSCH I	TIC	USN		U.S. NAVA	I. OSPI	TAL, ANN	APOLIS	MD.	
1	BURIAL, CREMATION REMOVAL (Specify)	N, 226. DATE THEREO	59	22c. NAME OF CEME	TERY OR C	REMATORY	22d. LOCATI	ON (City, town, a	20-lis	(Stat	id.
23.	FUNERAL DIRECTOR'S	S SIGNATURE YLC: U SONS	147	DIADDRESS GLA			D BY REGISTR	AR 24b. REGIS	TRAR'S SIGNA	TURE	
_) (L = V 1 + V X Y		,			DATE	INV 1 6 15		52 & do	-	

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13262 Reg. Dist. No.

	a. COUNTY	WE ARUN.	DEL MARYLAND	2. USUAL RESIDENCE (Who	ore deceased lived. If institution b. COUNTY	on: Residence before admission)			
-	b. CITY OR TOWN (III	outside corporate limits, write RURAL	c. LENGTH OF STAY IN 16	CITY OR TOWN US	stride corporate limits, write R	DIPAL and aire pagest town?			
	and give nearest lown)	- 1/2	12 13 65	1 3	11/1	A dia give neoves town,			
-	d. NAME OF HOSPITA		hospitat, give street address)	d. STREET ADDRESS	evid HILL	e, IS RESIDENCE			
	Crown:	2/	1e-40sp.	1 11	OKE-MO	ON A FARM?			
3	3. NAME OF DECEASED (Type or print)	Leon.	Middle	Lost 4.	DATE Month OF DEATH	Day Year 30 19 5 9			
1	5. SEX	6. COLOR OR RACE 7. MA	ARRIED NEVER MARRIED 8.	DATE OF BIRTH	9. AGE (In years	IFUNDER TYEAR IF UNDER 24 HRS.			
	MALE		OWED DIVORCED	1925??	lost birthday) 34? yrs.	Manths Days Haurs Min.			
1	0a. USUAL OCCUPATIO	N (Give kind of work done 10	Ob. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or	fareign country)	12. CITIZEN OF WHAT COUNTRY?			
		OWN		New Je	ese 4				
)[13. FATHER'S NAME			14. MOTHER'S MAIDEN NA					
4	SAMU	21. JA	115 an.	EVONNE					
		R IN U. S. ARMED FORCES?		FORMANT	Address				
	(res. no, or unanown)	(If yes, give war or dates of service)	ONKNOWN	Hospital. K	econds.				
F	18. CAUSE OF DEAT	H [Enter only one couse per	line for (o), (b), and (c).]			INTERVAL BETWEEN			
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PRIPHERAL, CIRCULATORY FINITURE FOR howe							
	795.0 DUE TO								
	Conditions, if any, which) (b) Frosuce to cold and Slarvature 10-30 day 5								
	gove rise to immediate cause								
	(a), stating the underlying couse last.								
2	N N N N N N N N N N N N N N N N N N N					PERFORMED?			
	PART II. OTH	SE WAS TRIBUTING \$206. DESC	CRIBE HOW INJURY OCCURRED. (En	nter nature of injury in Part 1	or Part II of item 18.)				
1	20c. TIME OF INJUR	Y Month, Day, Year 2	0d. INJURY OCCURRED 20e. PLAC	E OF INJURY (Hame, farm,	20f. (City or tawn)	(Caunty) (State)			
1	20c. TIME OF INJUR Hour a. m. p. m.		Vhile Not while facto	ry, street, office bldg., etc.)		(coon,)			
	21. I certify the	at I took charge of th	ne remains described above	re, held on Autopsy	X, Inspection ,	Inquiry , and find that			
	deoth resulted	from: Natural couse	s 🗷, Accident 🔲, Suic	ide [], Homicide [, Undetermined co	use .			
	1	21-1							
	ACTUAL SIGNATURE	Am kallt		M.D. CHIEF MEDICAL EXAM	AINÉR 🗌	DATE SIGNED			
	EXAMINER'S	- / /	//	ASSISTANT MEDICAL	EXAMINER [i da			
	NAME (Type)	LINDARD	7.	DEPUTY MEDICAL EXA	MINER 🗹	12/14/57			
2	20. BURIAL, CREMATION REMOVAL (Specify)	N, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR	REMATORY 2	Rd. LOCATION (City, town, or	county) (State)			
	Burlak	12-24-59		e State Hosp	. Crownsvil	lle, Maryland			
2	3. FUNERAL DIRECTOR'S	SIGNATURE CL	el Casure 14.1	2 . / 24a. REC'D 8	Y REGISTRAR 24b. REGIST	RAR'S SIGNATURE			
	Grow	MSVITTLE	State/1-10561	tay DATE DEC	2 8 '59 Cat	ur & thous			

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VS. A15ME(5) 5M 9/55

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							NAME OF TAXABLE
							THE PERSON NAMED IN

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12135 12123 CERTIFICATE OF DEATH Reg. Dist. No. filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND Par I b. CITY OR IOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) should d. NAME OF HOSPITAL (If pot in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 063 2 3. NAME OF 4. DATE First Manth Year OF DEATH WUITE (Type or print) 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 5. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours WIDOWED [] DIVORCED | 10a. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE, (Stote Straigh, country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) TOUSFIULTE 13. FATHER:S NAME 14. MOTHER'S MAIDEN NAME remove 72 haurs 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address please 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate DUE TO couse (o), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter notire of injury in Part I ar Part II of item 19/ as the EDICAL 20c. TIME OF INJURY Manth, Day, Year 20e. FLACE OF INJURY (Hame, farm, 20f. (City ar tawn) 20d. INJURY OCCURRED (County) (State) Hour o. m. factory, street, affice bldg., etc.) Not while at wark al wark 21. I certify that I attended the deceased from 19 That I last saw the deceased ____, and that deoth occurred of ______M, from the causes and an the date stated above. ACTUAL J should PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d OCATION (City, town, or county) poge (State) 0 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) DATE NOV 1 2 '59 Ciriling S. Kraus

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CERTIFICATE OF DEATH

Rea. Dist. No.

	36164					Reg. Dis	it. No.	
1. PLACE OF DEATH a. COUNTY A1	nne Arundel		MARYLAND	2. USUAL RESIDENCE (WH		COLUMN TO A	Arund	-
b. CITY OR TOWN RURAL and give Annape			ogth of stay in 16 months	c. CITY OR TOWN (IF o		, write RURAL ond g	give nearest to	iwn)
OR INSTITUTION	ITAL (If not in hospital, gi l el General H)	d. STREET ADDRESS 69 C1	ay St.,		10	RESIDENCE I A FARM?
3. NAME OF DECEASED (Type or print)	Debra	it	Middle Ann	JOHNSON	4. DATE OF DEATH NO	Month ovember	Day 24	Yeor 19 59
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (1 YEAR IF UN	-
Female	Negro	WIDOWED [DIVORCED	September 8		Months 2	16 Hou	rs Min.
10a. USUAL OCCUPAT during most of wo Infant	ION (Give kind af work or brking life, even if retired)	lone 10b. KIND (OF BUSINESS OR IND	ustry 11. BIRTHPLACE (State Maryland	or foreign country)		ZEN OF WHA	TCOUNTRY
13. FATHER'S NAME	211/10	es to	alelin	14. MOTHER'S MAIDEN N	IAME PL	21= 7	1/2	2 221
15. WAS DECEASED EV	YER IN U. S. ARMED FORCE		SECURITY NO.	INFORMANT Theresalls	eems (Address 69 Cla	W.	8t
Conditions, if gove rise to cause (a), stoting lying couse lost	immediate DUE TO		BUTING TO DEATH BL	UT NOT RELATED TO THE TERMI	NAL DISEASE CONDIT	TION GIVEN IN PAR	5 d	S AUTOPS)
(IF EITHER, NOTIF	/AS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRIBE H	OW INJURY OCCURR	ED. (Enter nature of injury in	Part I ar Part II of iter	n 1B.)		□ NO □
WE OF INJU	10	While N		LACE OF INJURY (Home, farm actory, street, affice bldg., etc		(0	County)	(Stote
21. I certify alive on	hat I attended the	deceased from			M, from the cau		date stat	
PHYSICIAN'S NAME (Type)	R. L. Richro	lson		Annapolis,	Md.			11
22g. BURIAL, CREMATI REMOVAL (Specify 23. FÜNERAL DIRECTO	11-28-1	959	DDRESS (ertell	22d COCATION (City D BY REGISTRAR 2	y, town, or county) 4b. REGISTRAR'S SIG	4011	isto of L
Villiam	Reesett.10	8 Wash	St. auc	15/1/	0V 3 0 '59	Criting &		

oth. Page 4 runeral director, may be retained by haspital ar attending physician.

• FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the Funeral page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be the registrar prior to burial, crematian, ar remaval, and in any event within 72 haurs offer death. NDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after TO HOSPITAL OR ATX
may be retained by
TO FUNERAL DIRECT VS A15 (4) 15M 9/58

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12137 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1212 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

	NE ARUNDEL		MARYL	0.5	AL RESIDENCE (b. COUNT	rtian: Reside			
b. CITY OR TOWN (If and give nearest fown DOA U.S. N.	outside corporate limits, write VAL HOSPIT	AL, ANNA	LENGTH OF STAY IN	1 1b c. C	TY OR TOWN (porate limits, write	RURAL and	give ne	arest tow	n)
d. NAME OF HOSPIT	AL OR INSTITUTION (HOSPITAL, A	If not in hospita	il, give street address)	/ d. S	REET ADDRESS BETH F	ROAD					FARM?
NAME OF DECEASED (Type or print)	Fir Donal		Middle	JOHNSO:	Lost	4. DATE OF DEATH	Mont 11	h	Doy 10	Ye-	59
Male	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	2 4	F 81RTH uly 1959	9	9. AGE (In years last birthday) yrs.	Months 4	1YEAR Doys		R 24 HRS. Min.
a. USUAL OCCUPATIO during most of workin	ON (Give kind of wark of g life, even if retired)	dane 10b. KINI	O OF BUSINESS OR IN	Service Control			ountry) MARYLAN		ZEN OF	WHAT C	OUNTRY?
3. FATHER'S NAME				14. MO	THER'S MAIDEN	NAME		90.00			
Donald G.		11 100			tty J. H	IANNA			1145		
5. WAS DECEASED EVI	ER IN U. S. ARMED FO (If yes, give wor or dates of		CIAL SECURITY NO.	17. INFORMAL			Address				URNII
				(F) Do	nald G.	JOHNS(ON 103 Be	th Rd	., M	RYL	SND
	TH [Enter anily one county TH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO		(a), (b), and (c).] HEART F.	AILURE					INTER	VAL BETWEEN	М
Conditions, if an gave rise to immed (a), stating the couse lost.	ny, which (b)		COARTAT:	ION OF	AORTA				4	mo.	7 da
	IER SIGNIFICANT CON							EN IN PAR		PERFOR	UTOPSY MED? NO
PRIMARY OF CONCAUSE OF DEATH.	SE WAS TRIBUTING []	b. DESCRIBE HO	OW INJURY OCCURRI	ED. (Enter notu	e of injury in Po	ort 1 ar Port 11	of item 18.)				
20c. TIME OF INJUI Hour a. m. p. m.	Y Manth, Day, Yea	While	URY OCCURRED 20e Not while of work	PLACE OF IN factory, street	IURY (Hame, far , affice bldg., et	om, 20f. (Cit)	or tawn)	(Cau	inty)		(Stote)
death resulted	from: Natural					-	nspection [], ndetermined o		· — ·	and fi	nd that
ACTUAL SIGNATURE EXAMINER'S NAME (Type)	E.Lia	hA.	iedt.	M.D.	HIEF MEDICAL E SSISTANT MEDICAL EPUTY MEDICAL	CAL EXAMINE			11,	/18	157
REMOVAL (Specify)	Und	2,	11 -	- /	and by	(luce	IV.	400	01	ne (Spile)	
. FUNERAL DIRECTOR'	S SIGNATURE	426 CRA	ADDRESS HALA	1	24- 050	D BY REGIST	0.4 0.00	STRAR'S SIG		e .	

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V. S. L.		
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	AN OWNER WHEN	

ADDRESS

VS A15 (4) 1SM 9/SB

FUNERAL DIRECTOR'S SIGNATURE

C	ATE OF DEATH				1	610	80
	AIL OI DEAII			Reg. D	ist. No		
	2. USUAL RESIDENCE (Wh		d lived. If institution b. COUNTY				
ND	Maryla	and	D. COONT	. Ani	ne Ai	runde	21
1b	c. CITY OR TOWN (If o	utside corp	orate limits, write R	URAL and	give ne	arest town	n)
	X Rural	- Loi	thian				
- 1	/ d. STREET ADDRESS					e. IS RES	IDENCE FARM?
						YES [
	Last	4. DATE OF	Mon	th	Do	ıy	Year
	JOHNSON	DEATH	Novemb	er	2	1	1959
DO	B. DATE OF BIRTH		9. AGE (In years last birthday)		R 1 YEAR	IF UND	ER 24 HRS.
5	November 5,	1959	last birthday) yrs.	Months	Days	Hours	Min.
NDU	STRY 11. BIRTHPLACE (State		country)	12.CI	TIZEN OI	WHATC	OUNTRY?
	Maryla	and				U.S.	
	14. MOTHER'S MAIDEN N					0.0.	•
	Gertrude Be		elia SELL	MAN			
	INFORMANT	ea one.					
		D	Addr	ess			
	Hospital	Reco	ras				
na	intis , E.C.	li or	raanism		INT ON	ERVAL BE	
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		100					
H BU1	NOT RELATED TO THE TERMI	NAL DISEAS	SE CONDITION GIV	EN IN PA	RT 1(o) 1	9. WAS	AUTOPSY
in							RMED?
	D. (Enter nature of injury in F	Part Lor Pa	rt II of item 18)			123	140 []
UNNE	D. (Eliter fidiote of injury in t	01110110	in in or mem ro.,				
n Pi	ACE OF INJURY (Home, farm	204 (5)			16		(54=4-)
fa	ctory, street, office bldg., etc.) 201. (CII	y or rawnj		(County)		(State)
Vo	V. 20						
	多 , 19.59_, ta	Nov.	21 , 19 59,	that I I	ast sav	v the d	leceased
eath	accurred all:55P						
			street, city or tawn,				E SIGNED
	MD River Cli	ub Es	tates		11,	/23/!	59
		363					
	Edgewater	r, Md	•				
RY C	OR CREMATORY	22d 10CA	TION (City, town,	or county)	20	(Shal	en/
41	ouville	Da	rulas	wo	elle	2//	ICK.
	977 24a. REC'I	BY REGIS	TRAR 24b. REGIS	TRAR'S S	IGNATU	RE /	
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CERTIFICATE OF DEATH 12127

Reg. Dist. No.

12140

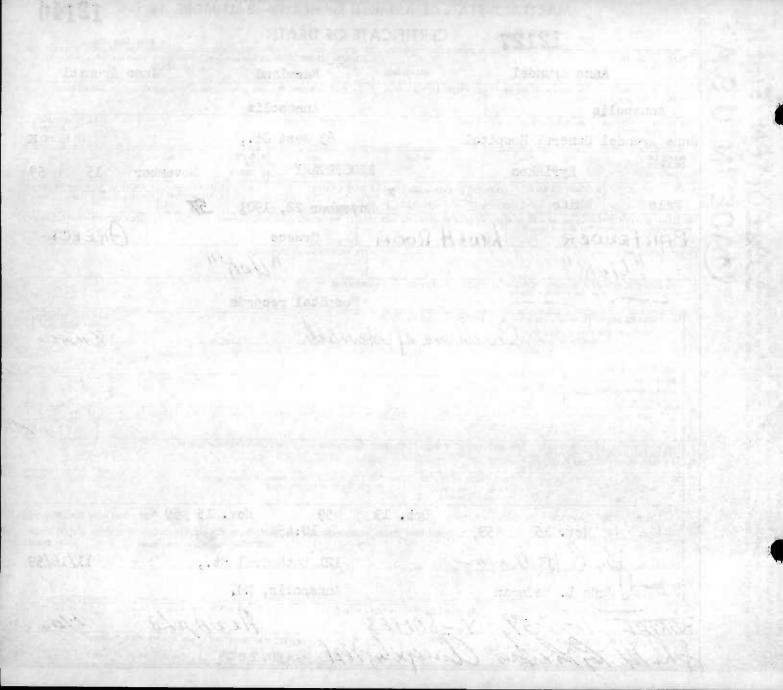
1. PLACE OF DEATH o. COUNTY	Anne Arundel		MARYLAND	o. STATE Ma:	ryland		Anne A	rundel	
b. CITY OR TOWN RURAL ond give Annapo		write c. LENG	TH OF STAY IN 15		WN (If outside co	rporote limits, write	RURAL ond giv	e nearest tow	m)
OR INSTITUTION	or General Hospital			d. STREET ADD	est St.,			ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	First Kyriakos	3	Middle	KOUSERTAR	Y 4. DAT OF DEA		_	Doy 15	Year 19 59
s. sex Male	6. COLOR OR RACE 7	· MARRIED N	EVER MARRIED 🔀	B. DATE OF BIRTH	22. 1901	9. AGE (In years last birthday) yrs	Months De	rEAR IF UND	
BARTE	ION (Give kind of wark do rking life, even if retired) UDER	ne 10b. KIND OF	H ROOF		eece	country)	12. CITIZE	PEEC	COUNTRY?
13. FATHER'S NAME	wK"			14. MOTHER'S M	"We	RII		MA	
	ER IN U. S. ARMED FORCE (If yes, give war or dates of serv		ECURITY NO.	Hospita	l record		dress		
PART I. DE	the under-	Centin	una of	T NOT RELATED TO TI	HE TERMINAL DISE	ASE CONDITION GI	VEN IN PART 1	INTERVAL BONSET ANI	AUTOPSY
OR CONTRIBUTION	/AS UNDERLYING ☐ 20 G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	0b. DESCRIBE HO	W INJURY OCCURR	ED. (Enter noture of i	njury in Port I or	Port II of item 18.)			ORMED?
20c. TIME OF INJU	10	20d. INJURY OC While Nat at work at w	whilefe	LACE OF INJURY (Ha actory, street, office b		City or town)	(Cou	unty)	(State)
ACTUAL SIGNATURE	Nov. 15 Lu l 13de John L. Heder	, 1959		h accurred al.O	:45AM, fra	m the causes a (Street, city or town	nd an the o	date state	
	ON, 22b. DATE THEREOF		AME OF CEMETERY			CATION (City, town,	or county)	(Sto	ote)
23. TUNEDAL DIRECTO	R'S SIGNATURE	us de	imps 4	1/2/	ATE NOV 2 0		ISTRAR'S SIGN		

may be retained be haspital or attending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the runeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the registrar prior to burial, crematian, ar remaval, and in any event within 72 haurs offer death. TO HOSPITAL OR A may be retained TO FUNERAL DIRECT VS A1S (4) 1SM 9/SB

eath. Page 4

ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after



death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs aftery

page 3 shauld be detached far use as the burial-transit permit. Then please remave the registrar priar to burial, cremation, ar remaval, and in any event within 72 haurs,

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may be retained b TO HOSPITAL OR

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH 19190

2.14	40		K	eg. Dist. No.
1. PLACE OF DEATH O. COUNTY ANNE ARUNDEL	MARYLAND	2. USUAL RESIDENCE (Who o. STATE MD ANNE AR	ere deceased lived. If institutions b. COUNTY	Residence before admission)
b. CITY OR TOWN (If outside corporate limits, we	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporate limits, write RURA	AL and give nearest town)
RURAL and give nearest town)	2 days	X ANNAPOLIS		
d. NAME OF HOSPITAL (If not in hospital, give st		/ d. STREET ADDRESS		e. IS RESIDENCE
U.S. NAVAL HOSPITAL, AND	IAPOLIS, MD.	RD2 BOX 116	ST. MARGARET ST	ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) HAROLD HARI	Middle RISON LITTLE	Last	4. DATE Month OF DEATH NOVEMBE	R 1 1959
	MARRIED A NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF last birthday)	UNDER 1 YEAR IF UNDER 24 HRS.
37 7	OWED DIVORCED	6-27-89	lost birthdoy) M	lonths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote		12. CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired)	U.S. NAVY	NEW YORK		US
13. FATHER'S NAME	2000 11121 2	14. MOTHER'S MAIDEN N		
HARRY LITTLE			DGOOD	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	14 SOCIAL SECURITY NO. 117			114 Ct Manager
(Yes, no. or unknown) (If yes, give war or dates of service)				116, St. Margaret
		KYEV KY DOME TOOM	ST., Annapolis	, Maryland
18. CAUSE OF DEATH [Enter only one couse p		The state of the s		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Melanoma Mal	Lignant		ONSET AND DEATH
190.9 DUE TO				
Conditions, if any, which) (b)				
gove rise to immediate				
lying cause lost.				
PART II. OTHER SIGNIFICANT CONDITION 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN	IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO
	DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	ort I or Port II of item 18.)	
Hour a.m.		ACE OF INJURY IHome, farm, ctory, street, office bldg., etc.		(County) (Stote)
21. I certify that I attended the dec	eased from 10-30	1959 to 1	1-1 10 59 11	hat I last saw the deceased
glive on 31 October	50	occurred at 0440A		
	9, and that death	occorred at	_,m, from the causes and ADDRESS (Street, city or town, stat	an the date stated above. DATE SIGNED
ACTUAL 16 C. Face	ug			OLIS, MD.11-2-59
SIGNATURE	1	M.D.		
PHYSICIAN'S R.C. LANING LO	DR MC USN	U.S. NAVAL	HOSPITAL, ANNAPO	OLIS, MD.
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town, or co	ounty) (Stote)
Burial Nov. 3,1959	Naval Academy	Cemet.	Annapolis, Mar	vland
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR 246. REGISTRA	
Hopping Fungaty Want	1	DATE D	101 - 150	1 04.

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		Andrew Bank Andrew	COLUMN		
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VS A15 (4) ISM 9/55 B

12129

CERTIFICATE OF DEATH

Reg. Dist. No. 12142

	1. PLACE OF DEATH O. COUNTY Anne Arundel MARYLAND 2. USUAL RESIDENCE (Where deceased live of STATE ARYLAND)	d. If institution: Residence before admission) b. COMNY ME ATUMO
	b. CITY OR JOVIN (If outside carporote limits, write RURAL and sive nearest lown) C. LENGTH OF STAY IN 1b C. CITY OR JOVIN (If autside carporote RURAL and sive nearest lown) 10 10 10 10 10 10 10 10 10 1	limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION OF TANA day I Ve. 120 Gran a	• IS RESIDENCE ON A FARM? YES NO.
	3. NAME OF DECEASED (Type or print) Name OF DECEASED (Type or print) Name OF DeceaseD (Type or print) Name OF DeceaseD (Name of DeceaseD) Significant (Name of DeceaseD) Significant (Name of DeceaseD) OF DECEASED (Name of D	November 18 1959
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. A 1888 9. A 188	GE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Isl birthdoy) yrs. Months Doys Haurs Min.
100	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country during most of working life, every ir retired) HOUSE WITE WHITE THE STREET OF THE STREET	1 1100
13.	13. FATHER'S NAME LOUIS SCATA MATTHER'S MAIDEN, NAME HAVE HAVE HAVE	manatta
15. (Ye	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or doles of service) (Yes, no. of lupthrown) (If yes, give wor or doles of service)	Address ## 2
	1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO DUE TO	DI STATSE SYRES
Z	Conditions, if ony, which gave rise to immediate cause (a), stoting the <u>under-lying couse lost.</u> (b) DUE TO (c)	NDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
CERTIFICATION	OT ACCIDENT WAS INDESTRIBLE TO LONG IN HUMBY OCCUPED AS A STATE OF THE PARTY OF THE	PERFORMED? YES NO
		rirem ta.j
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. 19 at work at work at work	own) (County) (State)
	alive an 1957, and that death accurred at Fe M, from the	e causes and an the date stated abave city or town, state) DATE SIGNE COLLE 11 725 S
	PHYSICIAN'S NAME (Type) (Sunupolio	mal
2	BUTIE (Specify) 11-21-1959 St. 1421y's Stinn	(City, lawn, or county) (State)
33.	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS DATE OV 2 3 '59	246. REGISTRAR'S SIGNATURE Cithur S. Krans

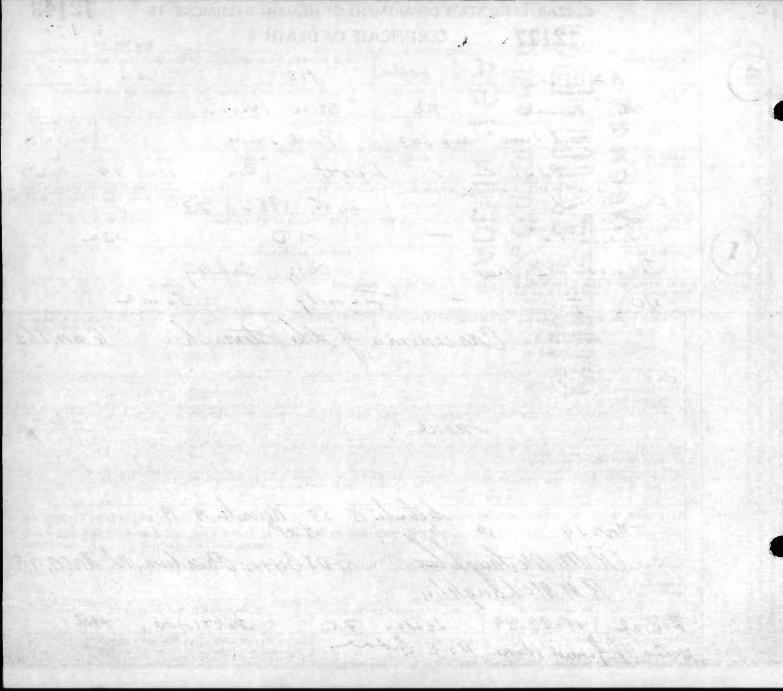
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12177 CERTIFICATE OF DEATH

19111				Reg. Dist. N	Vo.
1. PLACE OF DEATH		2. USUAL RESIDENCE (Wh			efore admission)
o. COUNTY	MARYLAND	O. STATE MD.	b. CO	DUNTY A A	:
b. CITY OR TOWN (If outside corporate limits,	write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporate limits, v	write RURAL and give	nearest town)
RURAL and give nearest town) Ghen Burnie	us.	X Stone	1 /2000		
d. NAME OF HOSPITAL (If nat in hospital, give	street oddress)	d. STREET ADDRESS	,		e. IS RESIDENCE
OR INSTITUTION Paul Pru	- Bay 303	1	revie		ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Edma	Middle	Lyce H	4. DATE OF DEATH	Month 11- 19	Day Year
	MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH aug 15,)8	9. AGE (In lost birth	years IF UNDER 1 YE doy) Months Day yrs.	AR IF UNDER 24 HR: s Hours Min.
Oa. USUAL OCCUPATION (Give kind of work dor during mast of working life, even if retired)	10b. KIND OF BUSINESS OR INDL	JSTRY 11. BIRTHPLACE (Stote	or fareign country)	12.CITIZEN	OF WHAT COUNTRY
3. FATHER'S NAME	1	14. MOTHER'S MAIDEN N	IAMF		
Thomas Bun	Ne_	El.13,	Sahley		
5. WAS DECEASED EVER IN U. S. ARMED FORCE (Yes, no, or unknown) (If yes, give wor or dates of servi		INFORMANT I-4 Mily	4	Address Sá me	
IMMEDIATE CAUSE (a)	- Carrinoni	y mes			p monun
PART II. OTHER SIGNIFICANT CONDIT	TIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMI	NAL DISEASE CONDITIO	ON GIVEN IN PART 1(a	19. WAS AUTOPSY PERFORMED? YES NO
	b. DESCRIBE HOW INJURY OCCURRE	ED. (Enter noture of injury in f	Port I or Port II of item	18.)	
20c. TIME OF INJURY Month, Day, Year Hour a.m. p. m.	20d. INJURY OCCURRED While Not while of work of wark	LACE OF INJURY (Home, farm partory, street, office bldg., etc.	20f. (City or town)	(Coun	ty) (Stote
21. I certify that I attended the dalive an Mar 19 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) R.M.MC		h accurred at 4:20 P.			
PAOVAL (Specify) 1/-23-	22c. NAME OF CEMETERY C	OR CREMATORY P.K.	22d_LOCATION (City,		und (Stote)
13. FUNERAL DIRECTOR'S SIGNATURE ACCOMPY FUNERAL HAS	ADDRESS LA		D BY REGISTRAR 24b	REGISTRAR'S SIGNAL	TURE

oth. Page 4 : After this certificate has been signed by the attending physician and campletely filled in by the Ton-ched far use as the burial-transit permit. Then please remave cathon papers. Pages 1 and 2 should-urial, crematian, ar remaval, and in any event within 72 haurs offer death. NDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after the registrar priar to burial, crematian, ar remaval, and in any event within 72 haur may be retained to the spiral or will have been suggested to FUNERAL DIRECTOR: After this certificate has been suggested to FUNERAL DIRECTOR: After this certificate has been suggested to FUNERAL DIRECTOR: After this certificate has been suggested to FUNERAL DIRECTOR. After this cer



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CERTIFICATE OF DEATH

Rea Dist No

747700	Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY Anne Arundel MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Anne Arundel .
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) Annapolis	c. CITY OR TOWN (If outside carporate limits, write RURAL ond give nearest town) Annapolis
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Anne Arundel Genera 1 Hospital	/ d. STREET ADDRESS 125 Market St. e. IS RESIDENCE ON A FARM? YES \(\text{NO } \text{Z} \)
3. NAME OF DECEASED (Type or print) Roberta FLLIST	MACALUSO 4. DATE Month Day Year OF DEATH November 26 1959
5. SEX Female 6. COLOR OR RACE White Widowed Divorced Divorced	B. DATE OF BIRTH January 3, 1906 9. AGE (In yeors lost birthday) 53 yrs. FUNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min. Months Doys Hours Min. Months Doys Hours Min. Months Doys Hours Min. Months Doys M
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) 124. MANE 13. FATHER NAME	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME
CHARLES A ELLIOT	Muknown
	1ARY Jo LINDS AY (2)
Conditions, if any, which gove rise to immediate cause (a), stoting the under-lying cause lost. Conditions, if any, which (b) (b) (c) (c)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH	D. (Enter noture of injury in Port I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.) (City or town) (County) (Stote)
21. I certify that I attended the deceased from March alive an Nov. 26, 1959, and that death	n accurred at 1:05P M, from the causes and on the date stated abave. ADDRESS (Street, city or town, state) DATE SIGNED M.D. 6 Shaw St. 11/27/59
PHYSICIAN'S James R. Martin	Annapolis, Md.
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF COMMON AND STREET OF COMMO	is Court Amakolis Ma
23 TUNERAL DIRECTOR'S SCHATURE COMO CADDRESS CANDON OF THE PENES	240. REC'D BY REGISTRAR 26. REGISTRAR'S SIGNATURE DATE DEC 1 '59 Outland & France

After this certificate has been signed by the attending physician ond campletely filled in by the <u>runeral</u> director, ched for use as the burial-transit permit. Then please remove carban papers. Pages I and 2 shauld be Thed with oth. Poge 4 NDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after the registrar priar ta burial, cremotion, or remaval, and in ony event within 72 hours after death. may be retained by haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by page 3 should be detached for use as the burial-transit permit. TO HOSPITAL OR AT VS A15 (4) 15M 9/58

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ARYLAND STATE DEPARTMEN	T OF HEALTH—BALTIMORE,	18
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1050		121	78	CERTIF	FICA	TE OF DEATI	Н		Reg. Dist		1 11
1. PLACE o. COI	OF DEATH	e Arundel		MARYL	2.75	2. USUAL RESIDENCE (WI o. STATE	here deceased	lived. If institut b. COUNTY		e befare adm	ission)
b. CITY RUR	Al and give ne	outside corporate limi		ENGTH OF STAY II	N 1b	c. CITY OR TOWN (IF A			RURAL and gi	ve nearest to	wn)
d. NA OR DIS	ME OF HOSPITA	At (If not in hospital, graining Sci	ive street diddre	eren's Ce	enter	d. STREET ADDRESS	nd Stre	et S.E.		ON	RESIDENCE I A FARM?
3. NAME DECEA (Type	OF SED or print)	Fir LO:		Middle MAE		Lost MANN	4. DATE OF DEATH	Nove	mber	22°	Year 19 ⁵⁹
5. SEX	3	6. COLOR OR RACE white	7. MARRIED [DATE OF BIRTH Sept. 25, 19		P. AGE (In years lost birthdoy) 34 yrs	Months [YEAR IF UN Doys Hour	
10a. USU.	AL OCCUPATIO	N (Give kind of warking life, even if retired	dane 10b. KIND	OF BUSINESS OR	INDUST	RY 11. BIRTHPLACE (Stote Georgia		untry)		JSA	AT COUNT
	r's NAME nam Wes	ley Mann			13	14. MOTHER'S MAIDEN I Torpley					
1S. WAS (Yes. no. or		IN U. S. ARMED FOR		AL SECURITY NO.		ormant ldren's Cen	ter,	Laurel,	Md .		
3 Con gav caus lyin	PART I. DEAT 53,3 additions, if an e rise to in e (o), stoting t g cause lost.	he under-	sta	redeois les é	feel e 6	epticus lexorder				2 y	eres.
OR C	ACCIDENT WAS	ER SIGNIFICANT CON SUMOERLYING AUGUSE OF DEATH MEDICAL EXAMINER)	u ia	lever		OT RELATED TO THE TERM (Enter nature of injury in			VEN IN PART	PERI	S AUTOPSY FORMED? NO
WEDICAL 20c. I	IME OF INJURY Haur a. m. p. m.	Manth, Day, Ye	While	OCCURRED 2 Not while at work	20e. PLAC facto	E OF INJURY (Home, farmery, street, office bldg., etc.	n, 20f. (City	ar tawn)	(Co	ounty)	(Stote
	e on 11/2		deceased fr	om Augus	t death		M, from ADDRESS (Str.	the couses	ond on the	e dote sta	e deceas
PHYS	ATURE ICIAN'S WE	fred R. El	nrmantra	aut, M.D.	M	Children's		r, Laur , Laure		/	4/59

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moy be retained by Altanbing PHTSICIAN: The law requires that the death certificate be executed within 24 haurs after regard. The moy be retained by the haspital or ottending physician. To FUNERAL DIREC. The registrar prior to buriol, cremation, or removal, and in any event within 72 hours after death.	

o. COUNTY A A MARYLAND	o. STATE Where deceased lived. If institution: Residence before admission) b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION IOS RIVERSIDE RA	d. STREET ADDRESS 108 R. Vewide RL (e. 15 RESIDENCE ON A FARM? YES NOW
3. NAME OF DECEASED (Type or print) 740M4S J. MC C	Lost 4. DATE Month Day Yeor OF DEATH //- & - 1959
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH CCT 29, 1888 9. AGE (In years lost birthday) Yes. Wonths Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	TRELAND U.S.A.
John Mc GU 16AN	Mc Donald
(Yes, no. or unknown) (If yes, give wor or dates of service)	NFORMANT Address Same
18. CAUSE OF DEATH [Enter only one couse per line for (o); (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) OCCUPANT OF THE PROPERTY OF THE	interval between onset and death
Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost. DUE TO Conditions, if ony, which gove rise to immediate couse (b), stating the under-lying couse lost.	ri - Ca prostuta
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Port I or Port II of item 18.)
ZOc. TIME OF INJURY Month, Day, Year While Not while of work of work	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) tory, street, office bldg., etc.)
21. I certify that I attended the deceased fram. Thank	
ACTUAL SIGNATURE SIGNATURE	accurred at ZICALM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED M.D. 39045 HANOVERST 11-10-5
PHYSICIAN'S EUGENE SCHNITZER	Balto. 25, Md.
Bulling 11-11-59 Holy Crose	CREMATORY 22d. LOCATION (City, town, or county) (Stote) Diverkly NO.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS AND Cully Funeral Am 130 & for	246. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE NOV 1 2 '59 Ciriling & France

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23. FUNERAL DIRECTOR'S STGNATURE

VS A15 (4)

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e. IS RESIDENCE ON A FARM?

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(County)

24b. REGISTRAR'S SIGNATURE

Cirching Softens

24g. REC'D BY REGISTRAR NOV 1 6 '59

DATE

12

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

YES INO

(Stote)

(Stote)

12. CITIZEN OF WHAT COUNTRY? U.S.A.

YES NO ?

Year

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12148 12131 CERTIFICATE OF DEATH Reg. Dist. No with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) P M o. COUNTY b. COUNTY b. CITY OR TOWN IIf outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) shauld (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 063 5 YES NO pup 2 NAME OF 4. DATE Middle Month Year DECEASED OF DEATH (Type or print) 1915 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years ligst birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours WIDOWED [DIVORCED T 160. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) gud 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician томе 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address attending eose 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN 1 PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO þ Conditions, if any, which gove rise to immediate DUE TO couse (a), stoting the underlying couse lost burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO TO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY 20d. INJURY OCCURRED Day, Year 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour o. m. While Not while of work of work 1956, to Nav 23, 1959, that I last saw the deceased 21. I certify that I attended the deceased from March and that death accurred at 7:15 P.M. from the causes and an the date stated above. o ADDRESS (Street, city or town, state) DATE SIGNED 0 ACTUAL pe prior FUNERAL DIR PHYSICIAN'S NAME (Type) registrar

22c. NAME OF CEMETERY OR CREMATORY

EN

22d. LOCATION (City, tawn,

24b. REGISTRAR'S SIGNATURE

246. REC'D BY REGISTRAR NOV 2 7 '59

(Stote)

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220. BURIAL CREMATION

23. FUNERAL DIRECTOR'S SIGNATURE

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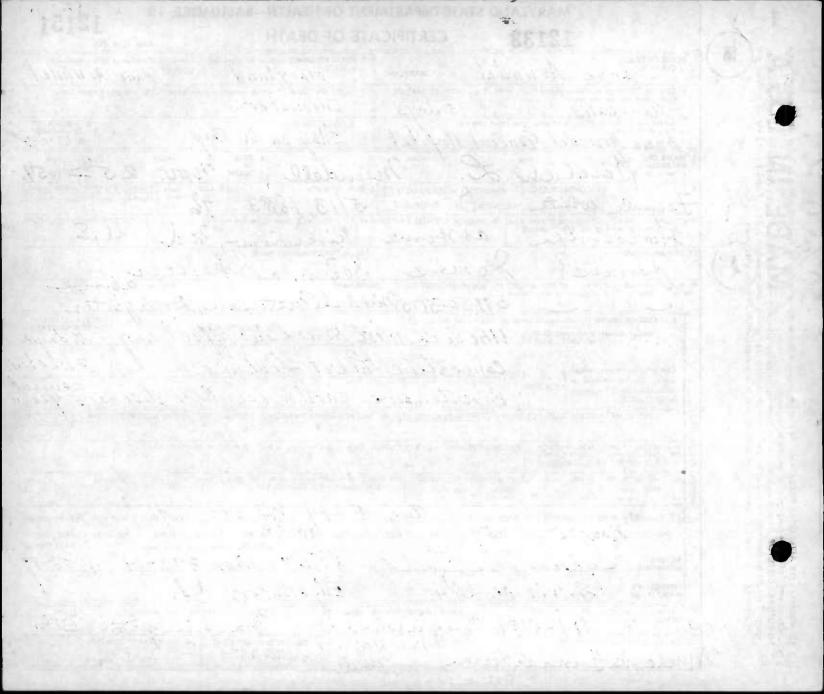
	14134	CERTIFICATE OF BEATT	Reg. Dist. N	lo.
7	b. CUY OR TOWN IIF outside corporate limits, write c. LENGER PARAL and give nearest town	MARYLAND STATE	b. COUNTY b. COUNTY orporate limits, write RURAL and give r	Prun del
	a. NAME OF HOSPITAL (If not in hospital give street address) OR INSTITUTION 3. NAME OF First	STREET ADDRESS Middle Lost 4. D. M.	to the first the	e. IS RESIDENCE ON A FARM? YES NO
	DECEASED (Type or print) 5. SEX 6. COLOR OR RACE WIDOWED	EVER MARRIED 8. DATE OF BIRTH DIVORCED 12 - 18 6	ATH AGE (In years IF UNDER 1 YE) lost wishday) yrs. Months Days	1957 AR IF UNDER 24 YRS. B. Hours Min.
	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF during host of working life even pretired) 13. FATHER'S NAME 13. FATHER'S NAME	BUSINESS OR INDUSTRY 11. BIGHTHPLACE (SIGNO OF FOREIGN 14. MOTHER'S MAIDEN NAME	in country) 12. CITIZEN	OF WHAT COUNTRY?
77	(If yes, give war or dates of service)	ECURITY NO. 17 INFORMANT 2-6642 FRANCE	Mobilar 10BRH HONNY	TPEGES
	18. CAUSE OF DEATH [Enter only one couse per line for (a), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) UE TO Conditions, if any, which gave rise to immediate cause (a), stating the <u>under-</u> lying cause last. (c)	Delandary Ed		NSET AND DEATH
0	5 Sentt	TING TO DEATH BUT NOT RELATED TO THE TERMINAL DISI		19. WAS AUTOPSY PERFORMED? YES NO
	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OC	while factory, street, office bldg., etc.)	1	
,	16 16	and that death accurred at M, fi	rom the causes and an the des (Street, Fity or town, state)	
	Burel 11-14-59 B	ME OF CEMETERY OR CREMATORY NEW EN HILL OF	CCATION (City, town or county)	Notes 1
	Milliam Recoett. 108 Wash.	Ste august DATE DATE NOV 17	GISTRAR 2.6. REGISTRAR'S SIGNAT	URE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained the hospital or attending physician.

TO FUNERAL DIRE R: After this certificate has been signed by the attending physician and completely filled in by the former of director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed-with the registrar prior to burial, cremation, or remaval, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

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CERTIFICATE OF DEATH

Reg. Dist. No.

	エルエ(JI							Reg. Dist.	No.	
1. PLACE OF DEATH o. COUNTY	Anne Arunde	1	MARYL	AND 2.	usual residen a. STATE Mar	ryland		l. If institution b. COUNTY	Anne A		
b. CITY OR TOWN (RURAL ond give n Annapol	If outside corporate limit earest town) 15	s, write	c. LENGTH OF STAY II		c. CITY OR TOV				RAL ond give	nearest to	wn)
OR INSTITUTION	TAL (If not in hospital, gi			1	d. STREET ADD	RESS Ll Highv	way			ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	JACOB	it	Middle DONALDSON		PARR	4. DA		Month		Day 20	Yeor 19 59
s. sex Male	6. COLOR OR RACE White	7. MARRI	ED NEVER MARRIED DIVORCED		ate of BIRTH	1906	las		Months Day	_	
during most of wor	ON (Give kind of work of king life, even if retired). te Promoter		CIND OF BUSINESS OR	INDUSTRY		E (Stote or forei	gn country		12. CITIZEN	U.S.	COUNTRY
13. FATHER'S NAME			Legis of the	14	4. MOTHER'S MA					7 5	
Jacob S. P					Sarah I	elcher					
15. WAS DECEASED EVE (Yes, no, or unknown)	ER IN U. S. ARMED FORG (If yes, give wor or dates of se	CES? 16. S	OCIAL SECURITY NO.	-9	RMANT Nancy A	Anne Par	rr-Anı	Addre napolis		rland	
PART I. DE/ 420, / Conditions, if a gove rise to i couse (o), stoting lying couse lost.	immediate (Co	enay and	rand	iel is	ifareb	ren			5 Mys	ID DEATH
CATIC	HER SIGNIFICANT CONI								N IN PART 1(d	PERI	S AUTOPSY FORMED?
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OC	CURRED. (E	nter noture of in	njury in Port I or	Port 11 of	item 18.)			
20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Doy, Yea	While of work	_ Not while_	20e. PLACE foctory.	OF INJURY (Hor, , street, office bl	me, farm, 20f. dg., etc.)	(City or to	wn)	(Cour	nty)	(Stote)
ACTUAL SIGNATURE	hat I attended the W 20 Lungle Language	, 125°		death ac	curred a ll		am the o ss (Street, o al St	causes and		ate state	
220. BURIAL, CREMATIC REMOVAL (Specify BUT18	ON. 22b. DATE THEREO	F	22c. NAME OF CEMET		EMATORY	22d. L0	OCATION	(City, town, or wn, Maj		(St	tote)
23. FUNERAL DIRECTOR	Leknik.	lows	ADDRESS MICHAGO	re B	1 11-	ATE NOV 2			TRAR'S SIGNA		

eath. Page 4 PR: After this certificate has been signed by the attending physician and campletely filled in by the Tuneral directar, tached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with TO HOSPITAL OR ALTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs all page 3 should be detached for use as the burial-transit permit. Then please remove the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs, e haspital ar attending physician. WSS TO HOSPITAL OR AT MAY be retained (F) TO FUNERAL DIRECT

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12135

CERTIFICATE OF DEATH

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THIO	Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS STREET ADDRESS STREET ADDRESS ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Charles Per	Last 4. DATE Month Day Year OF DEATH 1/- 29 19 5
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8 DATE OF BIRTH ADV. 5 - 8 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. Manths Days Hours Min. Min.
106. USUAL OCCUPATION (Give kind of work done during shost of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY ANAPOLIS - Md.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15 WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no/or/onknown) (If yes, give wor or dotes of service)	FELIX T. PEYSERSON ANNA. IVS
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which) (b)	wa Stoweth Interval Between ONSET AND DEATH
gave rise to immediate couse (a), stating the under-lying cause lost.	
CATI	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	D. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to for Hour a. n. p. m. 19 While at work at work 19	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.) 20f. (City ar town) (County) (State)
21. I certify that Lattended the deceased fram alive on 19 , 19 , and that death	n occurred at S. M., fram the causes and an the date stated above DATE SIGNET
PHYSICIAN'S A TALLEN	Cennyobs, my
220. BURIAL CREMATION, PREMOVAL (Specify) 12-3-59 ANNA BOLL	CREMATORY, 22d, LOCATION (City, town, ar county) (Stote)
23, FUNERAL DIRECTOR'S SIGNATURE CHAPLES E. HICKS THANA POLIS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE DEC 3 '59 Cuthus S. Kraus

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECT: After this certificate has been signed by the attending physician and completely filled in by the period director. Page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, crematian, or remaval, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

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ARYLAND	STATE	DEPARTMENT	OF HEALTH-	-BALTIMORE,	18
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12181 CERTIFICATE OF DEATH

12154

		-								wall bis			
1. PLACE OF DEATH o. COUNTY Ans	ne Arundel	Co.	Md. MARYL	LAND	2. USUAL RESI	pence (who	ere deceased		nstitution OUNTY	n: Residence	e before	admission)	1
b. CITY OR TOWN (If autside carporate limit	s, write	c. LENGTH OF STAY I	IN 1b	c. CITY OR	TOWN (If or	utside corpor	ote limits.	write RU	RAL and gi	ve neare	st town)	
RURAL ond give n			9 Mo.		Glen-	Burni	.e			3V	11-1	1	
d. NAME OF HOSPI	TAL (If not in hospital, gi	ve street or	ddress)		d. STREET A	DDRESS 7	048 T	anner	-7 750	nio	A == d •.	IS RESIDENCE	CE
OR INSTITUTION	nor Convale		Home		None	_					1	ON A FARA	
							Balto	0.1/4				ILS [] NO	<u></u>
3. NAME OF DECEASED (Type or print)	Mary Clare		well Middle		Los		4. DATE OF DEATH			1959		Yeor 19	
5. SEX ·	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIE	0	8. DATE OF BIRT			9. AGE (In	years	FUNDER 1	YEAR II	UNDER 24	HRS.
FeMale	C	WIDOWED	DIVORCED		Aug. 8	, 1895	5	64	yrs.	Months	Days	Hours M	in.
10a. USUAL OCCUPATION during most of wor Retired 13. FATHER'S NAME	ON (Give kind of work of king life, even if retired) d	lane 10b. K	NONE	_	11. BIRTHPL					12. CITI.		S.	NTRY
Charles Th	omn don								1				
						elia '	Thomps	on					
(Yes, no, or unknown)	ER IN U. S. ARMED FOR		OCIAL SECURITY NO.	17. 1	NFORMANT				Addre				
					Mrs. Ch	erry !	Powell	104	8 Pe	enna.	Ave		
Conditions, if a gave rise to i cause (a), stating lying cause last.	immediate Dus TO		nosis.										
ž l	ther significant conf cinoma of th								ON GIVE	N IN PART		WAS AUTO PERFORMED ES NO)?
			RIBE HOW INJURY OF						18.)				
Hour a.m.	RY Month, Day, Yea	While of work	Not while of work	foc	ACE OF INJURY (story, street, office	e bldg., etc.					ounty)		tote)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	not I oftended the rember 7, AMEN J. James M. Pa:	1959 1, 1	D., and that	death	occurred at M.D. 400 1	10:15 N. Car imore	M, from ADDRESS (SI	on Avo	town, s	nd on th	e dote	stoted a	bove IGNE
220. BURIAL CREMATIC	ON, 22b. DATE THEREO	F / ~ 0	22c. NAME OF CEME				22d. LOCAT	ION (City,	town, or	county)		(Stote)	
BUILT ISpecify	11/13	/59	Mt. Aubu	urn (Cemetery		Ba	ltimo	re	. Mar	rely	nd	
23. FUNERAL DIRECTOR	Y'S SIGNATURE		ADDRESS			240. REC'S	N 1 2 5	RAR 24b	. REGIST	RAR'S SIG	NATURE		
William A	. Jackson	916 P	enna. Ave			DATE	V 1 2 5	9	Civi	· un 8.	Tunk		
		1											

VS A15 (4) 1SM 9/5S

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Hulphan ra						

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12182 **CERTIFICATE OF DEATH** death. Page 4 TO FUNERAL DIRE. R: After this certificate has been signed by the attending physician and completely filled in by the underector, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 haurs, after death. M

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours aft

VS A1S (4) 15M 9/SS

12155 Reg. Dist. No

COUNTY June arundel MARYLAND	2. USUAL RESIDENCE (Where o. STATE Mary)	deceased lived. If insti	
CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 PURAL and give negrest town LAC	c. CITY OR TOWN IN outs	Side corporate limits, write	te RURAL and give nearest town)
NAME OF HOSPITAL (If not in haspital, give street oddress) OR INSTITUTION	/d. STREET ADDRESS		IS RESIDENCE ON A FARM? YES NO NO
CEASED Fredus Edmund 7	Proctor 1	OF A	Month Pay Year 1959
Vale 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH / 96	9. AGE (In yellost birthdo	ors IF UNDER 1 YEAR IF UNDER 24 HRS. Y) Months Doys Haurs Min.
USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUstring most of working life, even if retired) NOTERMAN SCO FOOD	Cinduc	10 1 11	12. CITIZEN OF WHAT COUNTRY
Greorge Wester Proctor	T.d. a Ust	NE OINIZ LE	e
o. or usknown) (If yes, give wor or dates of service)	0 D /	R Shadu	Address Side Md
B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	of lary	nx	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to immediate couse (a), stating the <u>under-ying cause last.</u> (c)			
	NOT RELATED TO THE TERMINA	L DISEASE CONDITION	GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
00. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRE OF CEATH FEITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Por	t t or Part II af item 18.)	
		20f. (City or town)	(County) (State)
1. I certify that I attended the deceased fram March alive an 12 12 22 , 19 59, and that death actual Frankling Reports of the second of the s	occurred at P	M, fram the cause	
HYSICIAN'S WILLARD F. SMITH	L,MD		
REMOVAL (Specify)	c Al. 1	of TMYE	rn, ar county) (State)
INERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D	BY REGISTRAR 246. RI	EGISTRAR'S SIGNATURE
	COUNTY COUNTY	COUNTY COUNTY COTY OF ROWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OF TOWN) If outside corporate limits, write respectively c. LENGTH OF STAY IN 1b c. CITY OF TOWN) If outside give needed lower c. LENGTH OF STAY IN 1b c. CITY OF TOWN) If outside give needed lower c. LENGTH OF STAY IN 1b c. CITY OF TOWN) If outside give needed lower c. LENGTH OF STAY IN 1b c. CITY OF TOWN) If outside give needed lower c. LENGTH OF STAY IN 1b c. CITY OF TOWN) If outside give rise c. LENGTH OF RACE c. LENGTH OF STAY IN 1b c. CITY OF TOWN) If outside give rise to immediate c. LENGTH OF STAY IN 1b c. CITY OF TOWN IS outside give rise to immediate c. LENGTH OF COLURED c. CITY OF TOWN IS outside give rise to immediate c. LENGTH OF COLURED c. CITY OF TOWN IS outside give rise to immediate c. LENGTH OF COLURED c. CITY OF TOWN IS outside give rise to immediate c. LENGTH OF COLURED c. CITY OF TOWN IS outside give rise to immediate c. LENGTH OF COLURED c. CITY OF TOWN IS outside give rise to immediate c. LENGTH OF COLURED c. CITY OF TOWN IS outside give rise to immediate c. LENGTH OF COLURED c. CITY OF TOWN IS outside give rise to immediate c. LENGTH OF COLURED c. CITY OF TOWN IS outside give rise to immediate c. LENGTH OF COLURED c. CITY	COUNTY COUNTY CO

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VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12183 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12156 Reg. Dist. No.

1.	o. COUNTY ANNI	E ARUNDEL		MARYL		o. STATE T			d lived. If institu b. COUNT		ence bel	lore admi	ission)
	b. CITY OR TOWN (IF and give negrest town SEVERI		RURAL	FEW MINUTE		c. CITY OR		utside corpo	prote limits, write	RURAL on	d give n	earest to	iwn)
	d. NAME OF HOSPIT	AL OR INSTITUTION (If not in hos	pital, give street address)		d. STREET A	DDRESS						RESIDENCE
F	ROUTE 554	ON WAY TO	FGGM 1	HOSPITAL		USS V	ULCAN	AR 5					NO NO
3.	NAME OF DECEASED (Type or print)	ROBERT	st	Middle	UIGLE	Lost		DATE OF DEATH	Monti	_	Doy 1		Yeor 1959
5.	SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	8. DAT	E OF BIRTH		9	P. AGE (In years	IF UNDE	RIYEAR	IF UND	DER 24 HRS.
	MALE	WHITE	WIDOWE	D DIVORCED	00	t.27.	1938	3	fast birthday) 21 yrs.	Months	Days	Hours	Min.
Ţ	during most of working Naval de	ON (Give kind of work of life, even if retired) ental tech.	done 10b. I	KIND OF BUSINESS OR IN	DUSTRY I	lansir	ng, M:	ichiga			SA	F WHAT	COUNTRY
13	. FATHER'S NAME		1.1		14.	MOTHER'S							
-		Donald G	The same of the sa	- Al-			nknowi	1					
Įγ.	es, no, er unknown)	ER IN U. S. ARMED FO lit yes, give wor or dotes of at present	service)	76-38-3756	17. INFOR	MANT	MES OS	STHEIM	Address (FRIENI)			
V	The second secon	diote couse	Fr	for (o). (b), and (c).]	.1						ONSE	adder	ATH
CERTIFICATION	PART II, OTH			ONTRIBUTING TO DEATH	BUT NOT R	ELATED TO	THE TERMIN	AL DISEASE	CONDITION GIV	EN IN PA	. 1		AUTOPSY DRMED?
WEDICAL CERTIFI			Car r	an off road INJURY OCCURRED 20e Not while 2	and t	urned	OVer			(Co	ounty)		(State)
ME	1130 p.m.	Oct 31 19		ork of work X	Route	554		SEV	ERN A	A CO	UNTY		MD.
			Noturol (remoins described couses [], Accidental authers []	ent 📉,	Suicide	_	omicide	spection 🐴,	Inqui	' -	er 🔲	signed
	EXAMINER'S					ASSISTAN	NT MEDICAL	EXAMINER					
	NAME (Type) GT	USTAVE H. F	AUBER	r		DEPUTY /	MEDICAL EX	AMINER TO		L No	v 59		
22	REMOVAL (Specify)	DN. 226. DATE/THERECO)F	22c. NAME OF CEMETER	Y OR CREA	MATORY		2d. LOCATI	ON (City, lown,	or county)		(Stat	•)
23	. FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS	/		240. REC'D	BY REGISTR	AR 24b. REGIS	STRAR'S SI	GNATUR	RE	
1/	Man Che	h. Jona	-	102/1/0			DATE NO	V 3 '5	9 0	Ilua S	2 4		

THE ACT OF STATE OF A PROPERTY OF THE LOCATE OF STREET

VS A1S (4) 15M 9/SB

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MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE, 18	3
12184	CERTIFICATE	OF DEATH	

		1218	34	CERTIFIC	CATI	OF DEAT	ТН		Reg. D	ist. No	21	57
1.	PLACE OF DEATH a. COUNTY Anne	ARUNDEL		MARYLAN		USUAL RESIDENCE (STATE Maryland	Where deceo	b. COUNTY	ion: Reside	nce befo	ore admiss	
	b. CITY OR TOWN (RURAL ond give n Crownsvi		ts, write	lmo. 17 days		Baltimove			RURAL ond	give ne		
	OR INSTITUTION	TAL (If not in hospital, g lle State H				d. STREET ADDRESS		Street				SIDENCE A FARM? NO
3.	NAME OF DECEASED (Type or print)	Fin Ri	char	Middle		Rice	4. DATE OF DEAT	Mo	nth 1	P.	ľ	Year 59
S.	Male	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED S		1900	93	9. AGE (In years lost birthday) 59 yrs	Months	R 1 YEAR Days	Hours	ER 24 HRS. Min.
	D. USUAL OCCUPATION during most of wor Unknown FATHER'S NAME	ON (Give kind af work o king life, even if refired)	lone 10b.	KIND OF BUSINESS OR IN		11. BIRTHPLACE (Sto Unknown . MOTHER'S MAIDEN		country)		J.S.		COUNTRY?
{Y	Unknown WAS DECEASED EVE No. or unknown Unknown	R IN U. S. ARMED FOR	CES? 16.	social security no.	INFOR	Inknown MANT Spital Rec	onde	Add	dress			
7	PART I. DEA O 20.2 Conditions, if o gove rise to i couse (a), stoting lying couse lost.	mmediate the under- (c)		Aspiration Bulbar Paral Congenital S	ysis yphi	lis with (Gumma d			ONS	ERVAL BE	DEATH
MEDICAL CERTIFICATION	20a. ACCIDENT WA	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES		RRED. (Er		in Port I or P	Port II of item 18.)		(County)	PERFC YES K	AUTOPSY DRMED?
MEI	21. I certify the alive an	at I attended the 11/11	decease, 19_	sed fram 9/24 59 and that de	ath acc	- ., 19. 59., to_ curred at 9:30 Crownsvi	11/11 PM, from ADDRESS	n the causes as (Street, city or town tate Hosp:	, state) ital, l	e date	stated DAI	
	PHYSICIAN'S NAME (Type) D. BURIAL, CREMATIC PAOVAL (Specify) FUNERAL DIRECTOR	0N, 22b. DATE THEREO		Reissman, M 22c. NAME OF CEMETER Arbutus Address		MATORY PARK		TATION (City, town,		IGNATU	(State	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
12136 CERTIFICATE OF DEATH Reg.	Dist. No. 12158
1. PLACE OF DEATH O. COUNTY O. COUNTY O. STATE O	dence before admission)
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL at RURAL and give nearest tawn) HUNAPOLIS	nd give nearest town)
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION OR I	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) C. CORNER RIDOUT 4. DATE OF DEATH	Doy Year 1959
MIDOWED DIVORCED 11-3-1891 last birthday) Month	DER I YEAR IF UNDER 24 HRS. hs Days Hours Min.
SALESMAN Cottling StorE MARYLAND	CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME CHARLES RIDOUT 14. MOTHER'S MAIDEN NAME CARRIE CORNER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Portion of unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Portion 4. Address 2.	
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) COROMPRI THROMBOSIS	INTERVAL BETWEEN ONSET AND DEATH GOMENTS
Canditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last. DUE TO (b) ARTEROSCIERATIC CORONNEY ACTER(DIS. (c) CORONNEY ACTER(DIS.) (c) CORONNEY ACTER(DIS.)	10 YEARS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN F 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH [If EITHER, NOTIFY MEDICAL EXAMINER] 204. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.)	PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJURY Month, Day, Year Not while at work	(Caunty) (State)
21. I certify that I attended the deceased fram	I last saw the deceased the the date stated above DATE SIGNED
PHYSICIAN'S NAME (Typo) ANNAPOLS IN TO	Mendelflefs,
220. BURIAL, CREMATION 226. DATE THEREOF 22C. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or count BURIAL Specify) 11-4-59 St, MARGARE ST, MARGARE	ts Mo.
23 PUNEPAL DIRECTOR'S SIGNATURE CONTROL CONTROL DATE NOV 4 '59 246. REGISTRAR'S DATE NOV 4 '59 CAVILLEN	SIGNATURE S. Homa

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12185

RTIFICA	ATE OF DEATH	1		Reg. Dist	No. 12	159
ARYLAND	2. USUAL RESIDENCE (WI o. STATE Maryland	here decease		on: Residence		nission)
ATS 16	c. CITY OR TOWN (If o	outside corpo				own)
days	Baltimore		3 Vo	1-11		
	d. STREET ADDRESS			1 -7		RESIDENCE
	713 Brune	Stre	et		YES	A FARM?
iddle	Last	4. DATE OF	Man	th	Day	Year
	Robinson	DEATH	10		6	19 59
ARRIED 🔲	B. DATE OF BIRTH		9. AGE (In years		_	DER 24 HRS.
ORCED 1	1900		10st birthday) 59 yrs.	Months D	Days Hou	rs Min.
SS OR INDU	STRY 11. BIRTHPLACE (Stole	ar foreign c	ountry)	12. CITIZI	EN OF WHA	T COUNTRY?
	South	Carol	ina		U.S.A	•
	14. MOTHER'S MAIDEN	NAME				
	Sally Ja	ckson				
(NO. 1	NFORMANT		Add	ress		
1	Hospital Recor	rds				
1 (c).]					INTERVAL	BETWEEN
	f vena cava i	nfari	or with a	omnlet	ONSET AN	Ineian
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7 070	r ventear pre	2240				
titia	and ureteriti	9				
	NOT RELATED TO THE TERM		E CONDITION GIV	FN IN PART	1(o) 19. WA	S AUTOPSY
	disease	., ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		214 114 11 114	PER	FORMED?
	D. (Enter noture of injury in	Port Lor Por	t II of item 18.)		163	- NO []
	b. (Ellier holdre or injury m		, ,, ,,			
20e. Pl	ACE OF INJURY (Home, form	20f (Cib	or town)	IC.	unty)	(State)
_ fo	ctory, street_office bldg_etc	:.)		(00	_	(Sidie)
		- 410	-			
5/23		10/6	, 1 55 9,	that I last	t saw the	deceased
that death	accurred a 6:35A					
			treet, city or town,		4	ATE SIGNED
May	M.D. Crownsv.	llle S	tate Hosp	ital,	wa. It	/6/59
M. D.	Crownsv	ille S	tate Hosp	ital,	vd. 19	/6/59
CEMETERY C	R CREMATORY	22d. LOCA	TION (City, tawn,	or county)	(S	itote)
uburr	cem	Bal	timore,	Md	•	
. me	. /					

Designated adjudition () Avanaged monature within nulose of lycon of a relative corp and it will eligate particularly his president from all delivery and frage to name with the first event being of the little of Color of the carried and a second transfer of the Color

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12160

							Keg. Dis	1. 140	
PLACE OF DEATH				2. USUAL RESIDENCE (V	Vhere deced				
0.000	Anne Arundel	MARYLAN	4D	o. STATE Marylan	d	b. COUN	Prince	Ge	eorge V
b. CITY OR TOWN (If and give nearest town	f outside corporate limits, write RURAL	c. LENGTH OF STAY IN 1	lb	c. CITY OR TOWN (IF	outside car	porate limits, wri	e RURAL ond	give ne	arest town)
Fort Geo	G. Meade	30 minutes		College	Park		614-	2	
d. NAME OF HOSPIT	TAL OR INSTITUTION (If not i	in hospital, give street address)		d. STREET ADDRESS					e. IS RESIDENCE ON A FARM?
Bldg. 980	O Savage Road	NSA Oper. Bldg		4709 Bl	ackfo	ot Road			YES NO
3. NAME OF DECEASED (Type or print)	First BENJA	MIN D.		SCHULTZ	4. DATE OF DEATH	No	vember	Day 10	Year 1959
5. SEX	6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED	8. D	ATE OF BIRTH		9. AGE (In years	IF UNDER 1	YEAR	IF UNDER 24 HRS.
Male	Cau WID	OWED DIVORCED	A	ug 4 1894		65 yrs		coys	Hours Min.
during most of workin	ON (Give kind of work done) ing life, even if refired) in Foreman	Ob. KIND OF BUSINESS OR IND S Government	USTRY	11. BIRTHPLACE (Stote New Yo		country)		EN OF	WHAT COUNTRY?
13. FATHER'S NAME	1 2 0 2 9 1 1 1 1		1	4. MOTHER'S MAIDEN N	IAME				
Joseph	h Schultz			Mary	John	nson			
15. WAS DECEASED EV	ER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17	. INFO	DRMANT		Addre	14		
Yes, no, or unknown)	[If yes, give war or dates of service) WW I	106-09-8811	Mr.	James C. S	tanie	r NSA	Oper.	Blo	lg.
PART 1. DEAT 4-20. Conditions, If or gove rise to immed (a), stating the cause lost.	DUE TO ny, which (b)	Coronary Occlus	ion						adden
PART II. OTH 20g. EXTERNAL CAU PRIMARY Gr. CON CAUSE OF DEATH.		NS CONTRIBUTING TO DEATH BU , CRIBE HOW INJURY OCCURRED					IVEN IN PART		PERFORMED?
PRIMARY OF CON	NTRIBUTING [. (2	, notice of injury in toll	10, 10, 1	01 110111 10.,			
20c. TIME OF INJUR Hour o. m. p. m.		20d. INJURY OCCURRED 20e. I While Nat while of work at work	PLACE	OF INJURY (Home, form, street, office bldg., etc.)	20f. (Cit	y or tawn)	(Coun	rty)	(Stote)
death resulted	nat I taak charge of the from: Natural cause Manuel		Suicio	, held an Autaps, le , Homicide A.D. CHIEF MEDICAL EX ASSISTANT MEDICA	AMINER [⊠,	and find that
EXAMINER'S NAME (Type) G	USTAVE H. FAU	BERT, MD		DEPUTY MEDICAL E					LO Nov 59
Burial (Specify)	Nov 16, 19	9		ional	Arl	TION (City, town	irgini		(Stote)
23. FUNERAL DIRECTOR	674	ADDRESS ttsville Maryl	and) BY REGIS		Inthun &		

VS. A15ME(5) 5M 9/55

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	had grow showed AS	· Integral Later 17	
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.4.0	bealton)		
	Jane Depute Miller	AME OF THE LOW	
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12163 12187 **CERTIFICATE OF DEATH** Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Rysiglence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) should d. NAME OF HOSPITAL not in hospital, give atreet address) . IS RESIDENCE OR INSTITUTIONS ON A FARM? YES NO 5 NAME OF Middle 4. DATE Yeor DECEASED (Type or print) DEATH 6. COLOR OR RACE 5. SEX 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost bigthday) IF UNDER 1 YEAR IF UNDER 24 HR Months Doys Hours WIDOWED | DIVORCED | YES. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, eften if retired) 13. EATHER'S NAME 'S MAIDEN NAME physician hours WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address # 2 72 guip 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and INTERVAL BETWEEN ONSET AND DEATHY PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20e. PLACE OF INJURY (Home, farm, | 20f. (City or town) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED Doy, Year (County) (Stote) Hour o. m foctory, street, office bldg., etc.) While Not while of work of work 21. I certify that I attended the deceased from IYOU 19-57, that I last saw the deceased and that death accurred at _M, fram the causes and an the date stated above. ACTUAL Pe DIRE should PHYSICIAN'S NAME (Type) m 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (Stote) 0 UNERAL DIRECTOR'S SIGNATURE **ADDRES** 24o. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE

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DATE DEC

VS A15 (4) 15M 9/55

HOSPITAL

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	12139		CERTIFIC	ATE OF DEA	III		Reg. D	ist. No.		
PLACE OF DEATH o. COUNTY	Anne Arunde	1	MARYLAND	2. USUAL RESIDENCE (a. STATE Mary.	22.	d lived. If institution b. COUNTY	1000	nce before Arun	100	n)
b. CITY OR TOWN (RURAL and give no Annapol		s, write c. LENG	GTH OF STAY IN 16	c. CITY OR TOWN (If autside carpo apolis	rate limits, write R	URAL and	give neare	st fawn)	
d. NAME OF HOSPIT OR INSTITUTION	FAL (If not in hospital, gi			d. STREET ADDRESS	hedral :	St.,			IS RESID ON A F	ARM?
3. NAME OF DECEASED (Type or print)	firs Mary		Middle	SELLERS	4. DATE OF DEATH	Novembe		Doy 25	Yes	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED T	DIVORCED	B. DATE OF BIRTH November 8,	1891	9. AGE (In years last birthday) 68 yrs.	IF UNDER	R 1 YEAR IF	Haurs	24 HR
during most of war	king life, even if retired)	ane 10b. KIND O	BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (Sta	ate ar fareign co	ountry)	12. CI1	U.S.		UNTRY
13. FATHER NAME	y Dug	an		14. MOTHER'S MAIDE	NAME	n				
1S. WAS DECEASED EVE (Yes, no, or unknown)	R IN U. S. ARMED FORG	CES? 16. SOCIAL rvice)	SECURITY NO.	However a	el S.	eller	ress	(2		
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Y 20c. TIME OF INJUS Haur a. m. p. m.	RY Manth, Day, Yea	While No		LACE OF INJURY (Hame, factory, street, affice bldg.,		or tawn)		(County)		(State
actual SIGNATURE	Nov. 24,	1259			A_M, fram	the causes and treet, city or town,	d an th		DATE DATE	
220. BURIAL, CREMATIC DEMOVAL (Specify)	22b. DATE THEREO	147	AME OF CEMETERY	TELLA	224 LOCA	TION (City, town,	or county)	9	(State)	
23. FUNERAL DIRECTOR	'S SIGNATURE CO	no (Al	press ko		EC'D BY REGIST	,	STRAR'S S	IGNATURE		

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uneral director, may be retained by haspital ar attending physician. **D FUNERAL DIRECTOR**. After this certificate has been signed by the attending physician and campletely filled in by the trueral of page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be fill the registrar priar to burial, cremation, ar remaval, and in any event within 72 haurs offer death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after may be retained by haspital ar attending physician.

TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician and campletely filled in by the

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12188 CERTIFICATE OF DEATH

Reg. Dist. No.

Arundel		MARYLANE		SUAL RESIDENCE STATE	(Where decease	d lived. If instituti b. COUNTY	on: Reside		-	sion)
If outside corporate limi	ts, write	c. LENGTH OF STAY IN 11	b c	CITY OR TOWN	(If outside corp	prote limits, write R	URAL ond	give nec	arest low	n) =
		29 years	1	Washingto	on, D.C.	. 4	7 X.	3		
TAL (If not in hospital, graining Sch	ive stree)					reet. N.W.			ON A	FARM?
Fir	st	Middle		Lost	4. DATE OF	Mor	nth	7 7		Year 19 59
					DEATH			DIYEAR	JE LIND	
white					399	lost birthdoy)	Months	Days	Hours	Min.
ting life, even if refired	done 10b.			1. BIRTHPLACE (S	tote or foreign o	7.0.	12. CI			COUNTRY
			14.	MOTHER'S MAIDE	N NAME					
J. Sexton				Marga	aret					
R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17	. INFORA	AAIST		Add	ress			
(it yes, give wor or dollar or y	etvicej		Chil	dren's Ce	enter, 1	Laurel, M	id.			
ny, which mmediate the under. DUE TO (c) HER SIGNIFICANT CON SUNDERLYING (C) CAUSE OF DEATH MEDICAL EXAMINER)	DITIONS C	thme CRIBE HOW INJURY OCCUR	RED. Jenn	nature of injury	in Port I or Por	t M of item 18.)	Sel Marie	1200	PERFC	AUTOPSY RMED?
Y Month, Day, Yea	While	Nat while	PLACE OF	F INJURY (Home, f Ireet, office bldg.,	orm, 20f. (Cit	or fown)	(County)		(State)
at Lattended the	decease, 19	- //			AM, from		ind on t			
	Fire Pau 6. COLOR OR RACE White 10. Sexton 11. Sexton 12. Sexton 13. Sexton 14. Sexton 15. Sexton 16. RIN U. S. ARMED FOR (If yes, give wor or doles of sexton 17. Sexton 18. Sexton 19. S	If outside corporole limits, write earest town) If all (If not in hospital, give stree) First Paul Caining School First Paul 6. COLOR OR RACE 7. MARK WIDOW ON (Give kind of work done 10b. King life, even if retired) If J. Sexton R IN U. S. ARMED FORCES? If yes, give wor or dotes of service) ATH [Enter anly ane cause per limit. ITH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO DUE TO HER SIGNIFICANT CONDITIONS CONDI	If utside corporole limits, write carest town) 29 years IAL (If not in hospital, give stree) address ren's Central part of the carest town) 29 years IAL (If not in hospital, give stree) address ren's Central part of the care of th	Arundel MARYLAND Or	If outside corporole limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN Washingt. Al. (If not in hospital, give stree) laddrestren's Center d. STREET ADDRESS CRINING School Laurel, Md. 923 Shep! First	If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate) Make 29 years Washington, D.C.	Founded County County	Arundel	Arundel	Arundel Marthado County County

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		Anne Art	ındel			MARYLANI	11	o. STATE		nere decease	b, CO	UNTY .	Residence beformedel	ore admis	sion)	
		b. CITY OR TOWN (I RURAL and give no Crownsvi	f outside corporate limi egrest town)	ts, write		of STAY IN 1		c. CITY OR TO		outside corpo	orote limits, w	rite RURA	AL and give ne	earest tow	n}	
010		NAME OF HOSPIT	AL (If not in hospital, g		ddress)			d. STREET AD	DRESS	Pow 10	0.5			ON	SIDENCE A FARM?	
	3.	VAME OF	ille State		oltal				۷, -	Box 19	10				NO	
	DECEASED (Type or print)			ward	Middle			Smit	h	4. DATE OF DEATH		Month 1:1		18	Yeor 19 59	
	5. 5	EX	6. COLOR OR RACE	7. MARRIE	ED 🔼 NEVE	R MARRIED		DATE OF BIRTH			9. AGE (In lost birth	yeors IFI	onths Dovs			
-		Male	Negro	WIDOWED		DIVORCED 🗌		uly 7,			58	yrs.	onths Doys	Hours	Min.	
(i)	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed						NDUSTRY 11. BIRTHPLACE (Stote or foreign country) Maryland						12. CITIZEN OF WHAT COUNTRY			
	13. FATHER'S NAME							14. MOTHER'S MAIDEN NAME								
	Tom Smith Ella									-						
			R IN U. S. ARMED FOR		OCIAL SECU	RITY NO. 17	. INFO	DRMANT			- I	Address				
	(16	No	(If yes, give war or dates of s		7-09-8	3984	Ho	spital	Reco:	rds						
		18. CAUSE OF DEA	TH [Enter only one co	use per line	for (o), (b).	ond (c).]			-				INT	ERVAL BI	ETWEEN	
		PART I. DEA	TH WAS CAUSED BY:		Brong	cho-Pne	umo	nia					ON	SET AND	DEATH	
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	Arteriosclerotic Cardiovascular Disease															
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0	CATION	PART II. OTH	ER SIGNIFICANT CON	ndrom	e Asso	G TO DEATH E	UT NO	th Meta	HE TERMI	NAL DISEAS	E CONDITIO Sease	N GIVEN	IN PART 1(0)	PERFO	DRMED?	
	Chronic Brain Syndrome Associated with Metabolism Disease 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)												YES [_	NO 📑		
		(IF EITHER, NOTIFY	MEDICAL EXAMINER)						William .							
	MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yea	20d. INJ While of work	Not whi	le	PLACE	OF INJURY (Ho y, street, office b	ome, form oldg., <u>et</u> c.	20f. (City	or town)	40	(County)		(Stote)	
FI.	P	21. I certify th	at I attended the	deceases	d from	7/17		19 59	ta 1	1/18	10	59	nat I last s	Ab -	4	
		alive an 1	14.5	_, 19_5			th o	ccurred at 3			, 17		101 1 1051 2	dw me	decease	
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	220		N, 22b. DATE THEREO	F (22c NAME	OF/CEMETERY	OP C	DELAATORY		224 TOCA	TION (City, to					
		Burial	Nov. 23	1959	Ar	butus		morial		Ва	ltimo	re C	Co. Md	(Stor	e)	
1	23.	FUNERAL DIRECTOR	SIGNATURE	ine	ADDRES	S	770			D BY REGIST	TRAR 24b.	REGISTRA	IR'S SIGNATU	RE		
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CERTIFICATE OF DEATH

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16104	GERTII 107	112 01 02/111		Reg. Dist. N	lo.
1. PLACE OF DEATH o. COUNTY Anne Arundel	MARYLAND	o. STATE	ere deceased lived. If institu	TY.	
		Maryl			rundel
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	× Mayo	utside corporate limits, write	RURAL and give r	learest town)
d. NAME OF HOSPITAL (If not in hospital, give street ad OR INSTITUTION	ldress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Lewis First	Middle	Smith	4. DATE MOV.	anth 23	Day Year 1959
5. SEX Male White Widowed	*	B. DATE OF BIRTH Feb. 28.188	9. AGE (In year last birthday)	Months Days	AR IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) Pri	ind of Business or Indu:	Miss.	or foreign country)	12. CITIZEN	OF WHAT COUNTRY
3. FATHER'S NAME	W Ball - Cal	14. MOTHER'S MAIDEN N	IAME		-10-11-1-1
Edwaed H. Smith		Mary.	Dilly		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service)		nformant ichard. Smi		ddress	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (o), stating the under- lying couse last. (c)	pertensive		scular di	serse.	Several/en
PART II. OTHER SIGNIFICANT CONDITIONS COLUMN CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				SIVEN IN PART T(0)	PERFORMED?
	IBE HOW INJURY OCCURRE	D. (Enter noture of injury in I	'art I or Port II of item 1B.)		
20c. TIME OF INJURY Month, Doy, Year 20d. INJI Hour a. m. 19 While p. m. 19 at work [URY OCCURRED 20e. PL. Nat while fac	ACE OF INJURY (Home, farm ctory, street, office bldg., etc.	20f. (City or town)	(Count	y) (Stote
21. I certify that I attended the deceased alive an Nev. 23, 1950 ACTUAL SIGNATURE SIGNATURE PHYSICIAN'S NAME (Type) Sylvia M.	_1	accurred at SISA	M, fram the causes of ADDRESS (Street, city or low	and an the da	aw the decease te stated abave DATE SIGNE
220. BURIAL, CREMATION, 26. DATE THEREOF BUTIAL (Specify) 11.25.59	22c. NAME OF CEMETERY O Fort.Linc		22d. LOCATION (City, town Colmar. Ma		(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE Lee Funeral. Home 30	ADDRESS 00.4th st N	E DATE	NOV 2 5 '59 24b. REG	CITIMA 2.	URE Cours

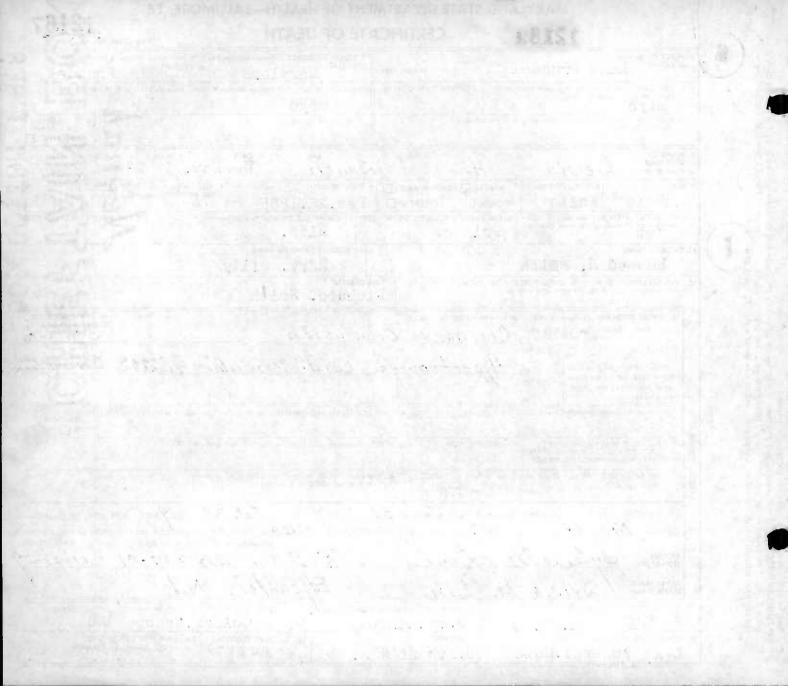
After this certificate has been signed by the attending physician and completely filled in by the transfer director, hed for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filled with NDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs often Then please remove carban popers. page 3 should be detached far use as the burial-transit permit. haspital ar ottending physicion. TO HOSPITAL OR ATT may be retained by VS A15 (4) 15M 9/5B

the registrar priar to burial, crematian, or remaval, and in any event

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within 72 hours

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Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Marylland Anne Arundel c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Annapolis d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO TY 33 West Street 4. DATE Lost Manth Day Year DEATH NOVEMBER 17 19 59 IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH 9. AGE (In years last birthdoy) Months Days Hours 79rs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) House wife Poland USA own home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address Morris Snyder- Son- Same as nO none no 1B. CAUSE OF DEATH | Enter only one cause per Time for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o 420.0 DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1601 19. WAS AUTOPSY PERFORMED? YES NO X 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 1B.) 20c. TIME OF INJURY Day. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City ar town) (County) (State) foctory, street, office bldg., etc.) MEDI Haur a. m While Not while ot work ot work 1957, that I last saw the deceased hat I attended the deceased from alive or and that death accurred at M, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL November SIGNATUR PHYSICIAN'S NAME (Type Annapolis Maryland 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) Kneseth Israel Cemetery 18 1959 Annapolis Mary I GNATURE Nov. SUNDRAL DIRECTOR'S SUCCESSIONALINE **ADDRESS** 24g. REC'D BY REGISTRAR

Annapolis, Maryland

DATENOV 2 0 '59

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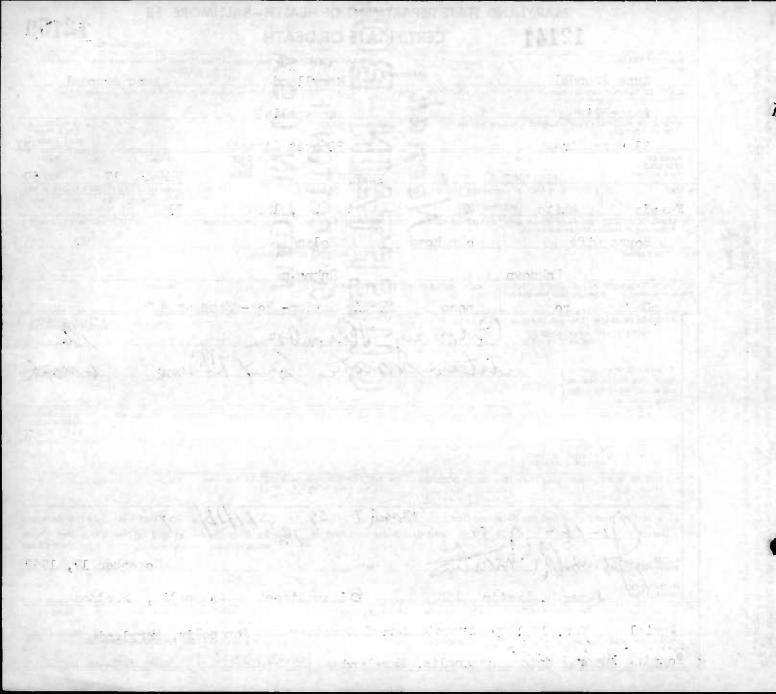
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TO HOSPITAL OR AT NOING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs often any be retained by haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be the registrar prior to burial, cremation, or removal, and in any event, within 72 haurs after death.

VS A1S (4) 1SM 9/SB

16131	CERTIFICATE	OF DEATH	Reg. Dist. N	lo.
1. PLACE OF DEATH O. COUNTY ANNE ARUNDE	MARYLAND °	SUAL RESIDENCE (Where deceosed I	b. COUNTY a.a	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	3 VEAR X	CITY OR TOWN (If autside corporo	te limits, write RURAL and give	nearest town)
d. NAME OF HOSPITAL (If not in haspital, give street of OR INSTITUTION HARMU)	ddress) IV AUE	STREET ADDRESS	ONV	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) EDITH TO	FFANV 7	Lost 4. DATE OF DEATH	Nov. 2	Day Yeor
5. SEX 6. COLOR OR RACE 7. MARR. WIDOWE		TE OF BIRTH 9.	AGE (In years IF UNDER 1 YE lost birthday) Months Day	AR IF UNDER 24 HR s Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of warking life, even/lif retired)	af Home	Ballimore	Ind 12. CITIZEN	of WHAT COUNTRY
13. FATHER'S NAME	luson ".	MOTHER'S MAIDEN NAME		
(Ye. no. of unistown) (If yes, give war or dates of service)	OCIAL SECURITY NO. INFORM	GEORGE WITA	Address RR	
18. CAUSE OF DEATH [Enter only one cause per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	rebra - was a cular	accident		NTERVAL BETWEEN NSET AND DEATH
Conditions, if ony, which gave rise to immediate cause (a), stating the under-lying cause lost. DUE TO DUE TO (c)	sertensine car	idis voccular a	lessace	6 yes
Part II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1(a	19. WAS AUTOPS PERFORMED? YES NO
OR CONTRIBUTING (I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRED. (Ent	ter noture of injury in Port I or Port I	l of item 18.)	
20c. TIME OF INJURY Manth, Day, Year 20d. IN Hour o. m. 19 While of work	Not while foctory,	OF INJURY (Hame, farm, 20f. (City of street, office bldg., etc.)	r town) (Coun	ty) (Stot
21. I certify that I attended the decease alive an 27 mm, 19		urred at 9 A M, from th		ate stated abov
ACTUAL SIGNATURE SELVE RO. THE	tin M.D.7		n Burne hed	28 Pm S
PHYSICIAN'S NAME (Type) CTENE D. TRE		15 COTTER Rd. 91		
220. BURIAL, CREMATION, 226. DATE THEREOF SUCTAL Specify Dec 1, 1959	Baltimore	emeter Ball	inove not	(State)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS ALT MORE	24. REC'D BY REGISTRA		

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 171 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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	PLACE OF DEATH 44124	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admiss
	ANNE ARUNDEL MARY	LAND STATE MARYLAND B. COUNTY ANNE ARUNDEL
	b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STA	AY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
	write RURAL and give nearest town)	// Annapolis
-	Annapolis d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street addr	· · · · · · · · · · · · · · · · · · ·
		ON A FAR
	2090 Forest Drive	Apt. 6, Cerver Street
•	DECEASED	THOMAS DEATH November 13 159
	(Type or print)	19
	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIE	8. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 H
	Female Colored WIDOWED DIVORCE	
T GO	. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OF	R INDUSTRY 11 RTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
100	during most of working life, aven if retired)	and Mary and 11 C. A
3.	FATHER'S NAME	114 MOHER'S MAIDEN NAME
	& man and Amara	William Dan
	WAS DECEASED EVER IN U.S. ARMED FORCES? 116, SOCIAL SECURITY N	queene show
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY Ness, no, or unknown) (Ifyasgive war or detasof dervica)	O. 17. INFORMANT
	219-07-3.	337. Leng Jones Mayo Ma.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c)	c).] IN FRYAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: Gunshot wound	of right temple
	976 X DUE TO	
	geve rise to immediate cause	
	(a), steting the undarlying DUE TO	
	cause last. (c)	Part:
O	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT	H BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOP
CERTIFICATION		YES X NO
L L	2Da. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING D	CURED. (Enter nature of injury In Part I or Part II of item 18.)
Ü	CAUSE OF DEATH. Shot self in	head
3	20c. TIME OF INJURY Month, Day, Yeer 2Dd. INJURY OCCURRED	20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata)
MEDICAL	8:15 xxx 11/13 1959 Whila Not Whila at work X	Home Annapolis Anne Arundel M
2		rerus.
	21. I certify that I took charge of the remains described at	
	death resulted from: Natural causes, Accident,	Suicide K, Homicide , Undetermined manner
	16/2 1/	CHIEF MEDICAL EXAMINER
ı	ACTUAL SIGNATURE WAY ON ICUIG	ASSISTANT MEDICAL EXAMINER TO DATE SIGNED
H		DEPUTY MEDICAL EXAMINER 11/13/59
	NAME (Type) W. Bradley King, Jr.,	
28	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEN	AETERY OR CREMATORY (A) 224. DOCATION (City, town, og quintry) (State)
1	DEMOVAL (Specify) 11-17-59 (300)	Leas Well Gunspalin ml
4	MINERAL DIRECTOR ADDRESS	2 1240. REC'D BY REGISTRAPI 2Ab. REGISTRAP'S SIGNATURE
h	1:1000 Ban H 1-99-1- 1001	k WIN
4	weap seesett, 100 wash sty	Contain De Carthur & France
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O DEPUTY ME AL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is researy, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be focused at the Chief Medical Examinate Office along with form PM3 Page 5 may be retained for white files. TO DEPUTY ME VS. A15MI 5M 7/59

The Ballan a localist and there applicant to see the country of a local transfer and the second EPICOWIE The state of the s A 2 Branch Mary and Land Co. S. A. Santace House a allegate Extension . I fellow and category and the first the firs

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TO FUNERAL DIRECTOR:

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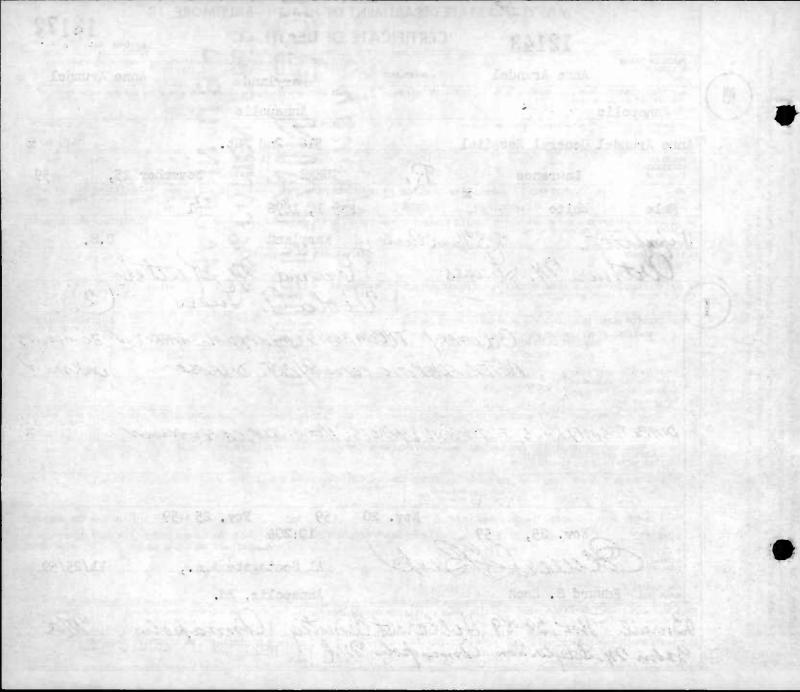
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

12172

12143 Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE Anne Amindel b. COUNTY MARYLAND Anne Arundel Maryland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) Annapolis Annapolis d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS OR INSTITUTION ON A FARM? 518 YES NO TO Anne Arundel General Hospital 2nd St. NAME OF 4. DATE Last Month Yeor DECEASED THERS November 25. (Type or print) Lawrence 1959 DEATH 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED S. SEX 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH Months DIVORCED | Male White WIDOWED | 61 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11, 8IRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Maryland U.S. Cleadenn 13. FATHER'S NAME 114. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address (If yes, give war or dates of service) CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL SETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY 30 MINUITY IMMEDIATE CAUSE (o) DUE TO COCOMPRIARI. Conditions, if any, which gove rise to immediate DUE TO couse (o), stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? 0 YES NO 🔼 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port T or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Month. Doy, Year 20d. INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) Hour o. m. While Not while ot wark ot wark p. m. Nov. 20 1959, to Nov. 25 1959 that I last saw the deceased 21. I certify that I attended the deceased from , and that death accurred at 10:20AM, from the causes and on the date stated above. alive an DATE SIGNED ADDRESS (Street, city or town, state) SIGNATURE 41 Southgate A.e. PHYSICIAN'S NAME (Type) Edward S. Beck Annapolis, Md. 220 BURIAL, CREMATION, 22b. DATE THEREOF 22d TOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (State) ACMOVAL (Specify) 26. REGISTRAR'S SIBNATURE DATE



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Item 14 FilmG252 11-16-59 et CERTIFICATE OF DEATH Reg. Dist. No director, iled with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence-before admission) o. COUNTY filed b. COUNTY MARYLAND eral b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (M outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 å RURAL and give nearest town) shauld WUAPOLIS d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM YES NO RUSIDE pup = NAME OF 4. DATE First Middle Last Month Yeor Day filled DECEASED OF DEATH (Type or print) 195 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years dey Months Doys Hours Min. DIVORCED | WIDOWED | yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) and HOUSE W carbon ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician First name unknown Skrevanek remove 72 haurs WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address EDWARD M. VODAK 7 CAUSE OF DEATH [Enter only one couse pe line for (o), (b), (on) (c). INTERVAL BETWEEN ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) 170 X DUE TO þ permit. any Conditions, if ony, which (b) signed gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY remayal, PERFORMED2 YES | 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) certificate OS 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (Stole) (County) foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work p. m. 21. I certify that I attended the deceased from OC that I last saw the deceased olive on and that deoth occurred at____ M, from the causes and on the date stated above. ADDRESS (Street, city of lown, state) DATE SIGNED ACTUAL prior Pe shauld FUNERAL P PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d_LOCATION (City, town, or county) page BURIAL (Specify) 0 25 FUMERAL DIRECTOR'S MIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55 Cirthur

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12146 CERTIFICATE OF DEATH

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-		va!	. Dist. 140.
1	O. COUNTY AND ARYLAND MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Re o. STATE DRY DRY DLO b. COUNTY	sidence before padmission)
I	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITX OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION A. A. GENERAL HOSPITAL	36 N. GLEN AUE	e. 15 RESIDENCE ON A FARM? YES NO
13	NAME OF DECEASED (Type or print) THELMA Middle U	ESTERUELY 4. DATE Month OF DEATH	22 1959
1	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 2-10-1895 9. AGE (In years left by hidoy) Mon	NDER 1 YEAR IF UNDER 24 HRS. ths Days Hours Min.
1	00. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE 5 AME	STRY 11. BIRTHPLACE (Stote or foreign country) TROV V.	CITIZEN OF WHAT COUNTRY?
1	3. FATHER'S NAME EUGENE HYATT	ANNA VAN KIRK	,
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service)	ENRY WESTERVELT	
	18. CAUSE OF DEATH [Enter only one couse porting for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Pertical Failure	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate (b) Carcinoma	of Oslow operated.)	6 wKS
	couse (o), stoting the <u>under-</u> lying couse lost. DUE TO (c)	7	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT		PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO
- 1	OR CONTRIBUTING CAUSE OF DEATH	D. (Enter noture of injury in Port I or Port II of item 18.)	
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20f. (City or town) ctory, street, office bldg., etc.)	(County) (Stote)
	21. I certify that I attended the deceased from APPIL alive on 22 NOV 1959, and that death	occurred at 7 400 M, from the causes and a	it I lost saw the deceased
	ACTUAL SIGNATURE SULLARE STOCK	M.D. Hamiltonia (Street, city or town stole)	DATE SIGNED
1	PHYSICIAN'S NAME (Typo)	Chnapolis, med.	
12	20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CLENKAN	OR CREMATORY 72d. LOCATION (City, town, or cou	NIE MD.
2	John M. Tarfly Son ann	240. REC'D BY REGISTRAR NOV 2 7 '59 24b. REGISTRAR	S SIGNATURE 7 S. KLAUGE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4, may be retained the haspital or attending physicion.

TO FUNERAL DIRECTOR STATES After this certificate has been signed by the attending physician and campletely filled in by the order director. page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or remanal, and in any event within 72 hours after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

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VS A1S (4) 1SM 9/55

24b. REGISTRAR'S SIGNATURE

arthur S. Kraus

24g. REC'D BY REGISTRAR NOV 23 '59

requires physician. attending VS A15 (4)

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15M 9/58

23. FUNERAL DIRECTOR'S SIGNATURE

230 940 H. S. W. evellor acades CALL COLORS CHAMINS WILL STREET, 1050 1791 . TO volume in These 354 2 Tolorum W Nedreal Records BUTTLE TO THE SECOND OF THE SECOND SE activities of bill, its remains a large or incomment of the large of the large land to be a large to The state of the s when I were to yet at which making lower as I will get

	79700					Reg. Dist.	No.
1. PLACE OF DEATH o. COUNTY Anne Arun	del	MARYLAND	2. USUAL RESIDENCE (WI a. STATE Maryland	here deceosed	lived. If institution b. COUNTY	n: Residence to	before odmission) Orge†s
OWNSVIL	le	8mo. 9 days	c. CITY OR TOWN (IF a	outside corpor	ate limits, write RU	RAL and give	nearest fawn)
	At (If not in hospital, give str le State Hosp:		d. STREET ADDRESS Unknown				e. IS RESIDENCE ON A FARM? YES NO 7
3. NAME OF DECEASED (Type or print)	First Gus	Middle	tost Young	4. DATE OF DEATH	Month	1	Doy Yeor 21 19 59
5. SEX Male	1	ARRIED NEVER MARRIED	B. DATE OF BIRTH 1889?			Months Da	EAR IF UNDER 24 HRS.
10a. USUAL OCCUPATION during most of work Unknown	ON (Give kind of work done ing life, even if retired)	106. KIND OF BUSINESS OR INDU	Unknown	or foreign co			N OF WHAT COUNTRY
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN N	NAME			
15. WAS DECEASED EVER	R IN U. S. ARMED FORCES? (If yes, give war or dates of service)		INFORMANT Ospital Record	is	Addre	35	
Conditions, if ar gove rise to in couse (a), stating t lying couse last.	DUE TO The under- (c)	ardiac Failure	ct				
3 Generali	zed Arteriosc	ns <u>contributing to death bu</u> lerosis - Diabe		INAL DISEASE	CONDITION GIVE	N IN PART 1(PERFORMED? YES NO
O (IF EITHER, NOTIFY	MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRI	LACE OF INJURY (Home, form	20f. (City	-	(Cour	nty) (State)
20c. TIME OF INJURY Hour a.m.	19 Wight	hile Not wille fe	estory, street,—ffice bldg i, etc	+			
actual SIGNATURE	at 1 attended the deci/21	9 59 , and that death	M.D. Crownsvil	ADDRESS (Sire	the causes an set, city or town, st te Hospit	d on the	
NAME (Type) 1		rd Reissman, M'I			ON (City, Jown, or		(State)
REMOVA (Specify) 23. FUNERAL DIRECTOR'S	11/25/59	ADDRESS	of Mayland	D BY REGISTR	altin	RAR'S SIGNA	rantant
Ulus. Rec	all ID 10	You want sta	enacoli DATE N	OV 27 '5		Uhun S. H	

may be retained to the haspital or attending physician.

O FUNERAL DIRES. At After this certificate has been signed by the attending physician and campletely filled in by the Tuneral director, page 3 should be detached far use as the burial-transit permit. Then please carbon papers. Pages 1 and 2'shauld be filed with the registrar prior to burial, cremation, ar remayal, and in any event within 72 hour after death. 14 may be relained TO FUNERAL DIRE VS A15 (4) 15M 9/55

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs aft

death. Page 4

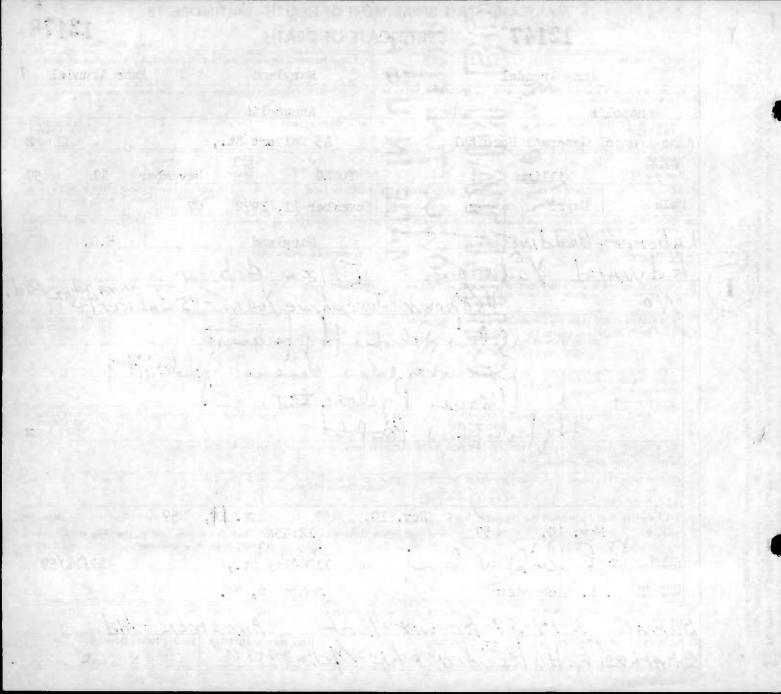
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VS A1S (4) 1SM 9/S8

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

		12147	CERTIFIC	ATE OF DEAT	Н	12178 Reg. Dist. No.
1.	PLACE OF DEATH a. COUNTY	Anne Arundel	MARYLAND	2. USUAL RESIDENCE (W	- L COUNTY	tion: Residence before admission) Y Anne Arundel
	b. CITY OR TOWN (I RURAL and give no	f outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, write	RURAL and give nearest town)
	Annapol	is	brs	10 Annap	olis	
	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in haspital, give stre	et address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
		1 Genera 1 Hos	pital	45 Calv	ert St.,	YES NO X
3.	NAME OF DECEASED (Type or print)	First William	Middle	YOUNG	4. DATE MO OF DEATH NOVEM	onth Day Year Aber 11 19 59
	sex Male	9.9	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH November 11,	1972 9. AGE (In years last birthday) 87 yrs	Months Days Haurs Min.
100	. USUAL OCCUPATIO	ON (Give kind of work dane 10	b. KIND OF BUSINESS OR INDI	USTRY 11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
L	Aporer	ing life everyif retired)		Marvl	and	U.S.
13.	FATHER'S NAME	1 110		14. MOTHER'S MAIDEN		
	E d VVA	rd You	NO	FLIZA	-GIDEAN	
1S. (Ye		R IN U. S. ARMED FORCES? (If yes, give wor or dates of service)	11.49	INFORMANT /	Your 5-45	dies ANNA ACLIS-MC
-	18. CAUSE OF DEA	TH [Enter only one cause per	line for (a), (b), and (c),1	OSEPHINE!	704 NO 13 C	INTERVAL BETWEEN
		TH WAS CAUSED BY:	0-1-0-0-	or The to	200	ONSET AND DEATH
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	Conditions, if a	av which	onton a	0. 1	c) C . la	1111
	gave rise to it	mmediate Dur TO	an aut for		Was Wear	111
	lying cause last.	the under-	romia. Pu	Co Custo		
NO	PART II. OTH	IER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH A	T NOT RELATED TO THE TERM	AINAL DISEASE CONDITION G	IVEN IN PART 1(a) 19. WAS AUTOPSY
ATI		Hoy Lesta	The state of the	100		PERFORMED?
CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING T 20b. D CAUSE OF DEATH MEDICAL EXAMINER)	ESCR 8E HOW INJURY OCCURR	ED. (Enter nature of injury in	Part I or Port II of item 18.)	
MEDICAL	20c. TIME OF INJUR Hour a. m.	Y Month, Day, Year 20d White at w	le Nat while fi	LACE OF INJURY (Home, fare actory, street, office bldg., et		(County) (State)
	21 I cortifu th	at Lattended the doce	med from Nov 1	0 1050 to	Nov. 1059	that I last saw the deceased
	alive an .					nd an the date stated abave.
	D.	000	, and mai deal	HAVALIA	CAMPRESS (Street, city or town	na an the date stated above. p. state) DATE SIGNED
	ACTUAL	- Ville	w On	220 02		11/11/50
	SIGNATURE	Las toward		M.DIIO_CIA	Y_100.e.g	
	PHYSICIAN'S R.	L. Richardson	1	Annapol	is, Md.	
220		N, 22b. DATE THEREOF	225 NAME OF CEMETERY	OR, CREMATORY	22d. LOCATION (City, town,	or county) , (State)
1	REMOVAL (Specify)	11-14-59	Brewer-	HILL	ANNA bolls	-Md.
23.	FUNERAL DIRECTOR	S SIGNATURE	ADDRESS			SISTRAR'S SIGNATURE
(hALLes	FIHICKE	ANNA POLI	S-/YO, DATE O	V-13'59 Cu	ing & Krays



VS A1S (4) 15M 9/SS

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12194

CERTIFICATE OF DEATH

12179 Reg. Dist. No. 23

)	1. [COUNTY 3/2 Bracking Blace Flusher MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE b. COUNTY Q, Q	e before admission)
		CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) See Buene hd 10 years	c. CITY OR TOWN (If outside corporate limits, write RURAL and g	
		d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS 312 Breadown Blad.	e. IS RESIDENCE ON A FARM? YES NO
		NAME OF DECEASED (Type or print) William Henry S Prints Middle Henry S Prints Middle	Lost 4. DATE Month OF DEATH NOV.	Day Year 8 19 5 9
	5. 9	6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED		1 YEAR IF UNDER 24 HRS. Doys Hours Min.
	100.	USUAL OCCUPATION (Give kind of work done done done) 10b. KIND OF BUSINESS OR INDUS during most of working life, even if refired)		ZEN OF WHAT COUNTRY?
1	13.	fact Louis - Jettmar -	14. MOTHER'S MAIDEN NAME. Jens - Wessid -	
			NORMANT No. adisa Laura 312 Osaa	on Blue
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	himtor	INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if ony, which gove rise to immediate coese (a), stating the under-	ula Diseau	4 year
7	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO 7
	CERTIFICATION	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)	
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED for work to the p. m. 19 While of work to the p. m. 19	CCE OF INJURY (Home, farm, 20f. (City or town) (Coty, street, office bldg., etc.)	ounty) (Stote)
		21. I certify that I attended the deceased from deceased from alive on 19.17, and that death	accurred at 12 P.M., from the causes and an the	ast saw the deceased te date stated above. DATE SIGNED
		ACTUAL James S. Belleyska	no. 108 Contray an Flush	Aven to
-		NAME (Type) Jame S. Bellingsles & D.	10 & Centrel an Gen Bue	m h
	E	BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF STORY	LUTHERAIN PEFIFFERS LOI	RNERMO
	23. F	FUNERAL DIRECTOR'S SIGNATURE ADDRESS -CHIGINIBOTHOMIELLICOTTI	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIG	

	SETS.	
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The same was provided that we have the same of the sam